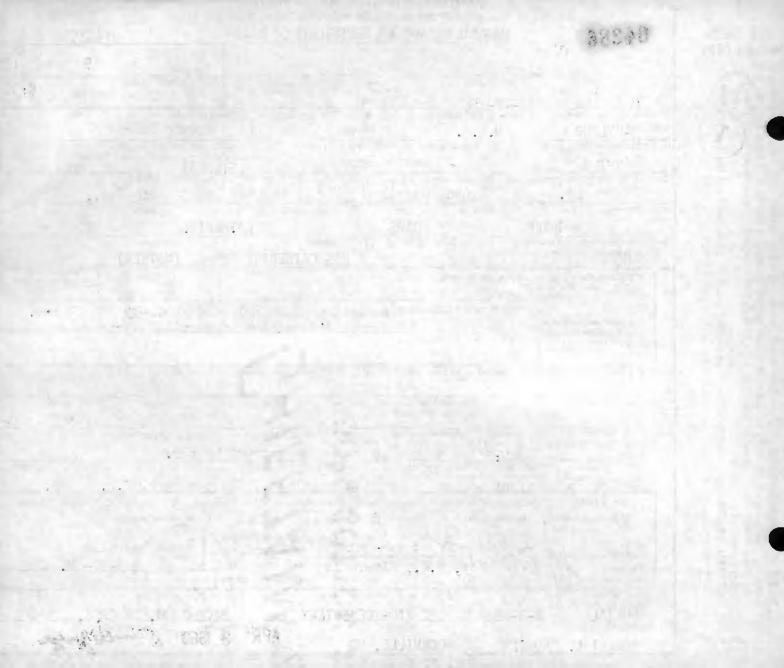
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04278 HEALTH DEPT. First 20. DATE KNOWN Middle Month Year (Type or Print) OF ESTI-DEATH MATED Alvin Adams 3. SEX 6. AGE (In years 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Yeor 10 69 1-21-58 YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prince George U.S.A. WIDOWED T DIVORCED [ Hem 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR word "pending" in pencil in Item 18. Give Pog the Chief Medical Examiner's Office along with give street oddressLeland Hosp during most of working life, even if retired.) INDUSTRY Riverdale NONE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY mince George odmission) STATE College YES R NO 14 FATHER'S NAME First 5. MOTHER'S MAIDEN NAME **JOSEPH ADAMS** CATHERINE hours 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** (Yes, no, or unknown) MRS CATHERINE ADAMS (MOTHER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Shock IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE Pransection of spinal cord at C2-C3 2 hrs. Conditions, if any, which gove Fracture dislocation of cervical vertebraie rise to immediate couse (a). should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO F 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. 7.3 B Mpm 3 209 69 Pedestrian struck by car.
21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town ICAL EXAMINER: City or Town County Stote foctory, office building, etc.)
Street moy be retained for FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Navahoe St., College Park, P.G. Md. 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection | Inquiry | X ond in my opinion the funerol director. deoth resulted from Noturol causes Accident N. Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 3-30-69 John Kehde M.D., Riverdale DEPUTY MEDICAL EXAMINER & 5 m TO FUN Heolth **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 4-3-69 MT ZION CEMERTERY BACONTOWN. PR GRGS. MD BURTA ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) ROBERT L. SNOWDEN ROCKVILLE, MD 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item6 FilmGulo 3/17/69 kk 04281 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2a. DATE OF DEATH Middle 2b. HOUR and 2 death. death Lunero (Type or print) Month Dov Marcus H. Armistead 3/9/69 :10 3. SEX Male 4. RACE White S. DATE OF BIRTH requires that the death certificate be executed within 24 hours after 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS ! DAVS HOURS 03//9/97 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's USA County WIDOWED DIVORCED [ sicion/ond completery investigation pose Florida 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) Prince George's Hospital during most of warking life, even if retired.) Noustry Cheverly cremotian, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN SSTIMUL ALL STUDIES OF THE SECOND PROPERTY. 13e. STREET AND NUMBER 13b. COUNTY Prince Geo. New Carrollton Maryland 7600 Fountbeau Drive NO T 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Last Armistead Lat attending physicion 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (if yes give war or dates of service) Yes, na. ar unknawn) New Carrollton, Md. Alma Armistead 577-20-5665 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. mos hicenamo IMMEDIATE CAUSE (o) Canditions, if ony, which gave ) signed by the burial-transit p burial, cremoti rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate has been ge 3 should be detoched far use as the iled with the State Dept. of Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING TENDING PHYSICIAN: The CAUSES OF DEATH? YES T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Yown County State While Nat while ot work 19 2, and that in (my) (our) opinion death accurred on the date and have and from the saw the deceased alive an\_ directar, page 3 should should be filed with the causes stated obay ((1) (we) (did) (de not) view the body after death 22c. DATE SIGNED TTENDING TO HOSPITAL OR Page 4 moy be r DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S TO FUNERAL NAME (Type) CAR 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Mar 13, 1969 Columbia Gardens Arlington Va ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A)5 (4) 30M REV. 1/68 Gasch's Sons Hyattsville, Md. 1969

(8340 THE PERSON NAMED OF THE PERSON NAMED IN - hours a second meinter Water and the Total William Control of the Control and the second of the second o CONTRACTOR OF THE PROPERTY OF

1	MARTLAND STATE DEPARTMENT OF HEALTH		
1	04290 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH	042	82
and 2 death.	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH  (Type or print) Month	Day Year	2b. HOURD 2:40 M
r de	George F. Aufrecht, Sr. March 22,  3. SEX S. DATE OF BIRTH 8/8/1908 6. AGE (In years	1969	IF UNDER 24 HRS.
		MONTHS   OAYS ]	HOURS MIN.
	THE CONTRACT OF THE CONTRACT O	YRS.	
	76. BIRTHPLACE (Stote or foreign country)  D.C.  75. CITIZEN OF WHAT COUNTRY?  WIDOWED   DIVORCED   Prince George	to	Md
1	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work of give street oddress)  Cheverly  Prince Geo. General Hosp.	one 12b. KIND OF 6	SUSINESS OR
7	130. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) STATE 136. COUNTY 136. COU	R	
	Maryland   Prince Georges Cheverly   6413 Kilme   6413 Ki		Last
		unk	W. 18 ST
	16a, WAS DECEASED EVER IN U.S. ARMED FORCES?   116b, SOCIAL SECURITY NO.   17, INFORMANT Addre		
	Yes po, of unknown) None 578268612 George F. Aufrecht Jr.	Same as	above
	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIM	ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiorespecialog Horlino	1-2	when
	DUE TO, OR AS A PONSEQUENCE OF		
	Conditions, if any, which gave) " Stuomer Crarchetes, Duepluggling,	. Me	ars
	rise to immediate cause (0).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	4000	
	last. (i) chrone broadend Mutation	V Va	na
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	- 012	0
	althouselesote here diserse with infaid	and la	rhed
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO 20b. WEEE FINDING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIARY 121c. HOW INITIARY OCCURRED. (Enter patters of initiary in Part 1 or Part 1.	NGS CONSIDERED IN CE	RTIFYING
		rt 2, Item 18.)	
	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19  2 Id MAILEY OCCURRED To PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 216 LOCATION Street or R.E.D. No. City of Town		
		County	State
	at work of work	10	
	22a. I certify that (I) (this haspital) attended the deceased from	19_ O, that	(I) (we) last
	saw the deceased alive an	e date and haur o	ind from the
ĺ	22b. SIGNATURE	22c. DATE SIGNED	
	DEGREE PHYS. DIRECTOR DIRECTOR PHYS.		
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS		
		(Country)	(State)
	23d. BURIAL (REMATION, BUTLE 3/25/1969 Port Lincoln Cometery Colmar Man	(County) Or. Marv	
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE	- MITCL
	Nalley's Funeral Home Mt. Rainier, Md. DAMAR 2 6 1969 good	corles year	c.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04284 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First M ddle 20. DATE KNOWN X Month Doy Yeor 26. HOUR (Type or Print)
Della EST any delay is 2, and 3 to PM3. Poge Lucille Ball 19 1 : 00amw 5 DEATH MATED Department IF JNDER 1 YEAR JE UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4 RACE 5 DATE OF BIRTH 6 AGE (In years 2a HOriR last berthday) White 9-2-1926 191: dOam M Female 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED DENEVER MARRIED 9. COUNTY OF DEATH 4 should be forworded to the Chief Medical Exominer's Office olong with form country) Wisconsin U.S.A. Prince George's WIDOWED [7] DIVORCED [ Give Poges 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1G. CITY OR TOWN OF DEATH 120 USJAL OCCUPATION (Kind of work done 129 KIND OF BUSINESS OR 8 Celand Memorial Hospital during most of working life, even if retired.) Riverdale Plan. Comm 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN .3d INSIDE CITY LIM TS? 13e STREET AND NUMBER YES NO -8407 Irvington Avenue Bethesda in Item 1 IS, MOTHER'S MAIDEN NAME 14 FATHER'S NAME Glenn Koehler Florence hours 840 Trvington Ave. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) Edward D. Ball, Bethesda, Namel 391-22-2957 within 72 E 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Shock event \ DUE TO, OR AS A CONSEQUENCE OF Rupture of spleen Conditions, if ony, which gave buriol-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20. AUTOPSY? 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO 27c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY FXT OR CONTRIBUTING buriol, cremation, 19 69 Passenger of car involved in collision CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJRY (At home, form, street, City or Town Not WHIE M Metzerott Road and University Blvd., Prince George County, Maryland FUNERAL DIRECTOR: Poge 220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X], Inquity [7], and in my opinion the funeral director. Molurol couses Accident Suicide . Homicide Undetermined monner death resulted from CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER **EXAMINER'S** moy ADDRESS(Street, city, town, or county ince Georges Riverdale. Md. NAME (Type) John Kehoe MD 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. JOCATION (City or Town) Woodlawn Cemetery | Orch 3-6-69 Orchard Park 256 REGISTRAR'S SIGNATURE 1969 VR A15ME (5) 10M REV 3768

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1_1/)	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	<b>†</b>	04293 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04285
HEALTH DEPT.			Day Yeor 2b HOUR
		DECEASED-NAME First M.ddle Last 20 DATE KNOWN Month OF ESTI  Edward Ball, Jr. DEATH MATED 3-3-	
deloy and 3 t 43. Pag ment c	3 :	SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	69 191:30pmM
Iny delay is 10, 2, and 3 to m. PM3. Page Department of		Male White 7-5-1926 42 YRS MONTHS DAYS HOURS MIN Month 3	69 19 1:30 pmm
201 1 10	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	O 7 11 T. DODIUM
- E G	(an	New York U.S.A. WIDOWED DIVORCED Prince George's	Md
Page IIT IIT	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 1	124 KIND OF BUSINESS OF THE
24 hours ofter death in Item 18. Give Pages 1, so Office along with form the State Deer Institute of the State Deer Its ofter death.	L	Riverdale   Leland Memorial Hospital   Planner	Comm
s offer 18. Girls Solong	13 a	USUAL RESIDENCE (Where deceosed lyer, furshtulian, Residence before 13c CITY OR TOWN  Admission) STATE  Ontropic Bethesda  YES NO BALO7 Irvington	
de de la			
	14.	The state of the s	Last
hin 24 hours not in tem 1 niners Office poges land 2 hours offer	160	Edward Ball Sr. Josephine WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17. INFORMANT ADD 684 07]	Marshall Irvington
ithir enciumin minimin po 2 ho	(	Yes no or unknown) ("Ywa give wor or dollar of the sold of the sol	
be executed within "pending" in pencil in pencil in pencil in a mine medical Examine insit permit. File page event within 72 hours	F		APPROX MATE INTERVAL
should be executed to word "pending" is o the Chief Medical burial-transit permit.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shock	BETWEEN ONSET AND DEATH
Med Med In the International Med		DUE TO, OR AS A CONSEQUENCE OF Left hemothorax	
be "pe "pe hief ansi		(and thous, if any, which gave) (b) and Aspiration of gastric contents	
ony		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	}
she we the to the buring the sheet t		(c) and fracture of left femur	
KAMINER: This certificate should te the certificate, writing the ward ge 4 should be forwarded to the Ctyour files.  age 3 shauld be used as a burial-tractemation, or removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rrific ration ration val.	NO	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, writt forwar i used emova	CERTIFICATION	WAS PERFORMED?	YES TE NO
This ficote, be for d be or res	CERT	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	n 18)
INER: The certificate certificate should be files. 3 should botton, or notion, or	MEDICAL	PRIMARY ZOR CONTRIBUTING 10:45 pm 3-2- 1969 Driver of car involved in colli-	
He she math	ME	21d INTURY OCCURRED 21e PLACE OF INTURY LAT home form street 21t 10CATION Street of P.E.O. No.	County State
EXAMINER: ute the cert age 4 should your files. Page 3 shaue, cremation,		WHILE NOT WHILE TOTORY office building etc) at work At work At work Letzerott Road and University Blvd. Prince George County	, Maryland
e executor. Page ed for CTOR: Puriol,		22o. I certify that I took charge of the remains described above, held on Autopsy 🔼, Inspection 🗷, Inquiry 🔲	
Sined RECT to bu		death resulted from: Natural causes 🔲 Accident 🖾, Suicide 🗌, Hamicide 🔲, Undetermined monner [	
director to	ŀ	ACTUAL CHIEF MEDICAL EXAMINER	1011-
ury, pleerol dijung, be reto prior i		SIGNATURE	-4-69
O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 necessary, please execute the certificate, writing the word "pending" in penal in the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's may be retained for your files.  O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages, Health prior to buriol, cremation, or removal, and in any event within 72 hours		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, fown, or county) rince Go	
The the	230	BUR AL CREMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d IOCATION (City of Town)	(State)
_		Burial 3-6-69 Woodlawn Cemetery Orchard Park	''
	24	EUNERAL PRECTOR 250 RECO BY REG STRAR 250 REGISTRAR 5 5	GNATURE
VR A15ME (5) 10M REV 1/68	4	Cobect. a. Menseken 7557-Zusis ause DATE MAR 6 1989	relan Acadapa

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1	n		301 W. PRESTON STREET, BALTI		
	04294		CERTIFICATE OF DEATH	MORE, MARTEMED 21201	04286
	ECEASED-NAME First Type or pnnt) Lewis	Middle W .	lost Ball	20 DATE OF DEATH  March 29,	2b. HOUR A 1969 11:45m
3 51	Male	4 RACE Colored	s. 142/23789	lost birthday) YRS.	1F JNDER I YEAR IF JNDER 24 HRS. MONTHS DAYS HOURS MIN
Caur	BIRTHPLACE (State or foreign of the orty)  WESHINGFOR D.C  CITY OR TOWN OF DEATH	U.S./7.	WIDOWED D VORCED	Prince George'	Md
74	Cheverly		ge's Gen. Hosp. duning mo	L OCCUPATION (Kind of work done st of warking life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
13a adm	USUAL RESIDENCE (Where deceosed ission) SMaryland	lived, if institution Residence before  Prince George's	13c. CITY OR TOWN   13d INSIDE CITY LIN   Fairmont Hts. YES	130 STREET AND NUMBER 6107 Jay St.	
1 14. 1	FATHER'S NAME First	Middle Last	15 MOTHER'S MA DEN NAME FII		Lost
	. WAS DECEASED EVER IN U.S. ARMED (es, no, or unknown) i (If yes give wor o	FORCES? 166 SOCIAL SECURITY I		Address	Ave
	18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY IMMEDIATE Conditions, if ony, which gave itse to immediate couse (a), stoting the underlying couse last	one couse per line for (o), (b), ond (c) Y.  CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	inoma of the Liver	k.	APPROXIMATE INTERVA. BETWEEN OMSET AND DEATH
FICATION			OT RELATED TO THE TERMINAL DISEASE ORCC	206 IF YES, WERE FINDINGS COI	nsidered in certifying
CERT	21a. ACCIDENT WAS UNDERLYING  Car contributing Cause of DEATH (If either, natify medical examiner)	21b. TIME OF MOJRY HOUR A.M. Manth Day Year P.M. 15		CAUSES OF DEATH? Yes	
MED	21d INJURY OCCURRED 21e PL/ While Not while of work	ACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R.F.D. No	City or Fawn	Caunty State
	22a. I certify that (Ix(this saw the deceased alive causes stated abave/	hospital) atlended the decease e an Mar. 1 k (we) (dra) (ant not) view the	ed from 3/12 , 19 0: 9 69, and that in (45) (aur) apin bady after death.	on death accurred on the data	69 , that (4) (we) last e and haur and from the
	22b SIGNATURE	wait-	DEGREE ATTENDING ME	D. STAFF 22c DA	ATE SIGNED
MEDICAL CERTIFICATION		S.V. Nair, M.D.	22e ADDRESS PLrince Ge	orge Gen Hospital	,Cheverly,Md.
230	REMOVAL (Specify) 23b DAT	4-69 400:	CEMETERY OR CREMATORY  2014 M.C.M. PORK	23d LOCATION (City of Town)	(Caunty) (State)
24.	FUNERAL DIRECTOR UNIVER	SEL PUNERZADORESS SEN.E. WES	Z. D. C. PARREY DARPR	REGISTRAR 25b REGISTRAR S S	GNATURE .

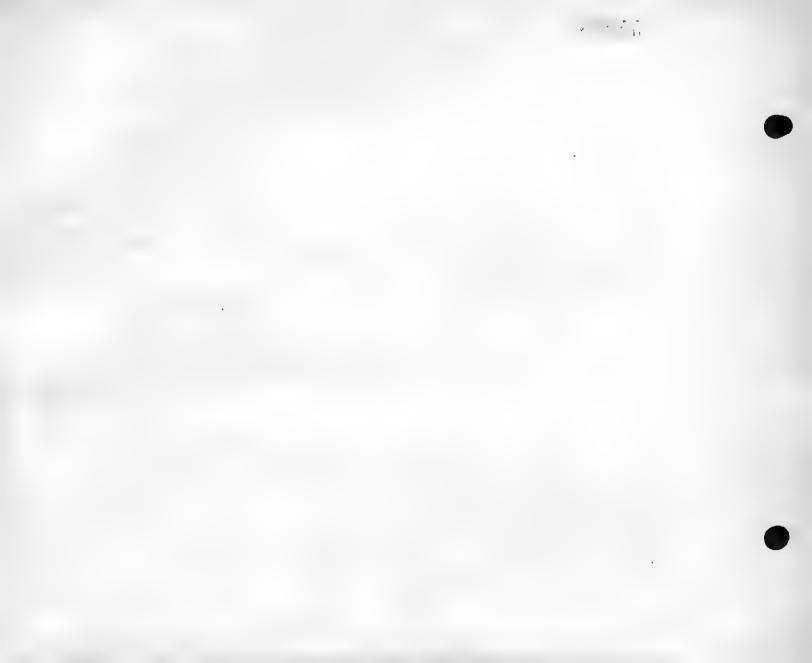
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ني	ī		04905	Di	VISION OF V	ITAL RECORDS,		PRESTON STRE			YLAND 21201	07.5	0.00
Act			04295				CERTIFI	CATE OF D	EATH			042	8.4
	E - NEW	1 01	CEASED NAME	ırst		Middle		Lost		O. DATE OF	and the second		2b. HOUR
		(1	ype or print) Harr	iet	Sv	bia	Bax	ter		Mar	ch <sup>Manth</sup> 16 Day	1969	0350AM
	formation of the second of the	3. SE			RACE			S. DATE OF BIRT	TH		6 AGE (In years	IF JINDER 1 YEAR	IF UNDER 24 HRS
	the the safes of the		Female	1	Cauc	asian		Dec. I	4, 1920		last birthday) 48 YRS.	MONTHS DAYS	HOURS MIN
	by by our	7o. (	IRTHPLACE (State or foreign	7b.	CITIZEN OF WHA		B. MARRIEI	NEVER MARRI		COUNTY OF	DEATH		<del></del>
	t hd in ers. 72 h	caur M	<sup>fty)</sup> lassachusetts		USA		WIDOWE			Pri	nce George	15	Mđ.
	Illed pap pap rin /	_	ITY OR TOWN OF DEATH		11 NAM	E OF HOSPITAL OR IN	TITUTION (IF	not in haspital	120. USUAL C	CCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
	The law requires that the death certificate be executed within 24 hours after death attending physician.  Has been signed by the attending physician and completely filled in by the functal has been signed by the attending physician and completely filled in by the functal has been signed by the functal hard the burial transit permit. Then please contave carbon papers. Pages and the prior to burial, cremation, ar removal, and in any event, within 72 hours after each	A	ndrews AFB		give str	eet oddress) CO m Grow	USAF	Hosp	during most	of working l ew i fe	ife, even if retired)	INDUSTRY	
	olette cart		USUAL RESIDENCE (Where de		ved, if institution	n: Residence before	13c CITY C	IR TOWN 13c	d INSIDE CITY LIM TS	? 13e. STR	EET AND NUMBER		
	# & # / / / / / / / / / / / / / / / / /	oam	ssion) STATE Maryl	and	Prince	George!s	HILL	crest Ha	E NO	575	926th_A	e S.E.	
	Au Park	14	ATHER'S NAME First		Middle	Last		IS. MOTHER'S MA.D	DEN NAME First		Middle	1	Lost
	ion and in an	٫ ا	PHILLIP	1	PE	PSte	171		ecel	17		She-	nker
	\$ <u>\$</u> \$		WAS DECEASED EVER IN J.S. es, no, or unknown) (III yes	ARMED F	FORCES?	6b. SOCIAL SECURITY	NO 17	INFORMANT C	Basile	2	Address		
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	e de affe an, a		/		DUE TO, OR AS	A CONSEQUENCE OF			M	ETA	STASIS		
	the the sit p		Canditians, if any, which gr rise to immediate cause (	ve)	(b)								
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	quires th physician signed by burial-tra burial, cre		last.	_ <u>,</u>	(c)			<u></u>					
	equires tha physician. signed by burial-tran burial, cren		PART 2. OTHER SIGNIFICANT	CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED	TO THE TERMINAL I	DISEASE OR CONI	DITION GIVEN	IN PART 1(p)		
	ing ing	l <sub>š</sub>											
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	HYSICIA haspital s certific ached fo	MEDICAL	(If either, natify medical ex	aminer)	P.M.	1							
	he haspital ar this certificate letached far u Bept. af Heal	2	21d IN.JRY OCCURRED While Not while	21e PLAC	CE OF INJURY (	IT HOME FARM, STREET, FA OFFICE BUILDING, ETC.	(TDRY,) 21f	LOCATION Street	or R.F.D No	City	or Tawn	County	State
	te D		at wark at work —	41.	- 1			15 /20	10/	9	1111 AC	100	40.4
	ATTENDING stained by th CTOR: After t shauld be de ith the State	1	220. I certify that (I) saw the decease	(this h	aspital) atten	ided the deceos	ed from_	nd that in (my)	, 19 <i></i> \(our\anini	/, 10/	coursed on the de	te and hour	(I) (we) last
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any	23a	BURIAL CREMATION,	3b DATE	10/0	23c NAME OF	CEMETERY C	R CREMATORY		3d LOCAT O	N (City or Town)	(County)	(State)
	5g 5g 4		221111	3	19-1.9	HKLIN	GIBN	111)	CEM	11	MYEN	3 VI	7,
	VR A15 [4]	24	FUNERAL DIRECTOR		/	COODRESS	ac .	10	250, RECD BY R		2Sb. REGISTRAR	SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH

ART   ROTH   DERRELING   S DAIL OF BIRTH   1895   S. DAEL (IF BIRTH   189	1	1	04207		ND STATE DEPARTMENT OF H		
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OR COMPRIBATING   CAUSE OF DEATH   HOUR A.M. Month Day Year   P.M.   Hour A.M.   Hour A.M.   Hour A.M. Month Day Year   P.M.   Hour A.M.   Hour	The other hosses of the plant o	ETE.			YES NO	CAUSES OF DEATH?	
22a. I certify that (I) (this haspitol) attended the deceased from					21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, it	lem 18.)
22a. I certify that (I) (this haspitol) attended the deceased from	SIC Spirit erriff ed t. of	JÖ.	(If either, natify medica exon	niner) P.M	19		
22a. I certify that (I) (this haspitol) attended the deceased from	the horder		While Not while at work	OFFICE BUILDING EIC.		City ar Town	County State
DEGREE PHYS  DEGREE PHYS  DEGREE PHYS  DEGREE PHYS  DEGREE PHYS  DIRECTOR  DIRECTOR  STAFF  22c DATE SIGNED  22d PHYSIGNAS  NAME (Type)  Leon R. Levitsky  22d PHYSIGNAS  NAME (Type)  NAME (Type)  Leon R. Levitsky  22d PHYSIGNAS  NAME (Type)  NAME (Type)  22d PHYSIGNAS  NAME (Type)  NAME (Type)  12d PHYSIGNAS  12d PHYSIG			22a. I certify that (I) (t	his haspitol) attended the decea	sed from 965, 19	_, 10_3/29_, 191	69, that (1) (we) lost
22d PHSTGAMS NAME (Type)  Leon R. Levitsky  22d ADDRESS 3408 R I ave., Mt. Rainier, Md.  23d BUR AL, CREMATION, REMOVA. (Specify) Burial  23d DATE 23d NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23d LOCAT ON (City or Town) 23d LOCAT ON (City or Town) 24d FUNERAL DIRECTOR  ADDRESS 25d REGULBARS S GMATURE	TTEN DOR: A DOUGH The			re, (I) (we) (did) (did not) view the	e body after death.	ion death <b>oc</b> curred an the dot	te ond havr and tram the
22d Presidents NAME (Type)  Leon R. Levitsky  22d ADDRESS 1 ave., Mt. Rainier, Md.  23d BUR AL, CREMATION, REMOVA. (Specify) Burial  23d DATE 23d NAME OF CEMETERY OR CHEMITERY 23d NAME OF CEMETERY OR CHEMITERY 23d LOCAT ON (City or Town) (Caunty) (State) 24d FUNRAL DIRECTOR  22d Presidents 23d DATE 23d LOCAT ON (City or Town) (Caunty) 23d LOCAT ON (City or Town) (City or Town) (	R A A SECT SECT WITH		22b SIGNATURE	12	ATTENDING ME	D STAFF [7]	1 /
24. FUNERAL DIRECTOR ADDRESS 25a, REGED BY REGISTRAR 25b, REGISTRAR S 5 GMATURE	V be V be oge filed		22d PHENTANS OF	a last		RECTOR LA PHYS. LA J	13169
24. FUNERAL DIRECTOR ADDRESS 250, REGISTRAR250, REGISTRAR	ERAI Or, P		MARKET ET	n R. Levitsky	3408 R I a	ve., Mt. Rainie	r, Md.
24. FUNERAL DIRECTOR ADDRESS 250, REGISTRAR250, REGISTRAR	HOS ge 4 FUN recto	23a	BUR AL CREMATION 23b		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	5 5 5 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±					Washington D	С
VR A15 [4] 45M - 1 69  24. FUNERAL DIRECTOR  F. Gaseh's Sons Hyattsville, Md.  ADDRESS  DATE  ADDRESS  ADDRESS  DATE  ADDRESS	VR A15 (4) 45M - 1 69	24.	FUNERAL DIRECTOR F. Gaseh		ille, Md. APR	3 1969 REGISTRAR S S	GNATURE .

7 7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED NAME First Middle 20. DATE KNOWN Month Day (Type or Print) delay is and 3 ta M3. Page 1972:13am DEATH MATED & 3-2-69 Walker Berthiaume Robert 6 AGE [ II years IF LINDER 24 HRS 2c. DATE PRONOLINGED DEAD 2d. HOUR 3 SEX 4 RACE 5 DATE OF BIRTH 19 12:45am White 20 Feb. 1930 Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SE 9 COUNTY OF DEATH country) MASS U. S. A WIDOWED [ Prince George's 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY SAME during most of working life, even if retired.) give street oddress) Prince George Hospital Cheverly pages tand? with 130 USUAL RES DENCE (Where deceased lived if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's 8510 Zug Road YES NO NO Bowie 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Eirst TREMBLE ARMAND ALICE BERTHIAUME hours 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Page 4 shauld be farwarded to the Chief Medical Examines (Yes, no, or,unknown) 019 22 8230 ARMIND BERTHIADME 1 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) certificate should be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMCDIATE CAUSE (6) Shock DUE TO, OR AS A CONSEQUENCE OF Bullet wound of lung Conditions, if ony, which gove ) m and Transection of spinal cord rise to immediate couse (a). execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20 AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [X] NO T 210 EXTERNAL CAUSE WAS 215 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian. 2:10## 3-2- 1969 Shot during altercation 21e PLACE OF NURY (At home, form, street, 21f LOCATION Street or R F D No County 21d INJURY OCCURRED City or Town Stote foctory, office building, etc.) same as #13 220. I certify that I took charge of the remains described above, held an Autopsy [x]. Inspection x Inquiry . and in my opinian Suicide . Homicide 🔀 Undetermined manner death resulted fram: Notural causes Accident 1 CHIEF MEDICAL EXAMINER **ACTUAL** 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Riverdale. Wehoe MD **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) /23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town) 230 BURIAL CREMATION (Stote) MAR. G. 250. REC'D BY REGISTRAR ADDRESS 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 254 Gerrall &

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A		04299	DIVISION OF VII			TON STREET, BALTI E OF DEATH	MUKE, MAK		14291	
death.		CEASED NAME First Property RICHAL		Middle ILTON	BOU	Lost GHER	20. DATE OF C			2b. HOUR P 4:50 <sub>M</sub>
urs after death	3. SI	X Male	4. RACE Cauca	sian		PATE OF BIRTH 28 Jun 30		6. AGE (In yeors 3eg birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
4 haurs d in by sers. P 72 haur	colfi	SIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT C	OUNTRY?	MARRIEDXX WIDOWED		9. COUNTY OF C PRINCE	GEORGE 1	S	Md
within 2	ΑN	ITY OR TOWN OF DEATH DREWS AFB	MAPLIC		V USAF	HOSP CAP	L OCCUPATION (	Kind of work done	12b. KIND OF B	USINESS OR
cuted v omplete vve cart	13o. odm	USUAL RESIDENCE (Where deceo	sed lived, if institution:	Residence before GEORGE	3c. CITY OR TOV	AN 139' INZIDE CITA FIN		ET AND NUMBER 4 PINEWO	OD DR	
and any	14. 1	ATHER'S NAME First HARRY	Middle LOGAN	BOUGH1	ER	OTHER'S MAIDEN NAME FI	DNA	Middle ORA	HIL	Lost L
tificate hysician n pleds val, and	16o. Y	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO 3322420		RMANT FE SAME A	S ITEM	Address #13		
physician.  physician.  signed by the attending physical and completely filled in by the Thoracal burial-transit permit. Then please temple carbon papers. Pages and burial, crematian, ar removal, and in any event, within 72 haurs after death		1B. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE IMMEDI	nly one couse per line fo D BY. ATE CAUSE (o)	o (o), (b), and (c).)	l Infa	rction			APPROXIMA BETWEFN ON:	ATE INTERVAL SET AND DEATH
t the de the atte sit perm		Conditions, if ony, which gave	DUE TO, OR AS A	CONSEQUENCE OF		c Heart D	isease		4 Но	urs
es that sician. ed by al-trans al, crem		rise to immediate couse (a), stating the underlying cause lost.								
v requii ng phy en sign he buri ta buri	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO TH	TERMINAL DISEASE ORCO	ONDITION GIVEN	IN PART 1(a)	P	
The law attendi has be se as the	CERTIFICATION		condition for which copiration			20o. AUTOPSY? YES 4 NO		es, were findings o NT BEATH?	ONSIDERED IN CEI	RTIFYING
CIAN: oital or rificate di for u	D.CAL CER	210. ACCIDENT WAS UNDERLYST ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, notify medical exam-	TH HOUR A.M. M.	JRY onth Doy Yeor 19	21c HOW I	NJURY OCCURRED (Enter	nature of injury	in Port 1 or Port 2,	Item IB)	
PHYSI he hasp this cer letached	ME	21d INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT HOPE		21f LOCATI	ON Street or R.F.D. No.	<b>Crty ο</b>	r Town	County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please temove carbon papers. Page shauld be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs of shauld be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs of the shauld be filled with the State Dept.		22a I certify that (1) (1) saw the deceased causes stated above	ns haspital) attendentive an 17 M e, (IX(we) (dW) (did	ed the deceased ar 19 Inat) view the bo	fram 17 69 and th dy after dea	<u>Мар</u> , 19 <u>6.</u> ot in ( <b>й</b> ў) (our) аріг h.	9, ta <u>_1_7</u> nian death ac	Mar, 19 curred on the do	69, that ite and hour a	X) (we) last nd fram the
OR AT be reto DIRECTO		22b SIGNATURE	y Clear	Jucaten	DEGREE		ED RECTOR	STAFF D 22c.	DATE SIGNED Mar 6	9
TO HOSPITAL Page 4 may be FUNERAL Director, page shauld be file			PSTEIN, C			22e ADDRESS MALCOLM G			MDREWS	
TO HO Page TO FUR		REMOVAL(Spec fy)	DATE /21/69	23c NAME OF CE Arlin	gton Na	tional	23d LOCATION Arlin	gton, Vir	(County) g <b>inia</b>	(State)
VR A15 4 45M - 1/69	24	WILL WILL WILL WILL WILL WILL WILL WILL	elm Funeral	L Home Suitlan	d. 11d	2002 BATE MAR	2 6 196	25b REGISTRAR'S	SIGNATURE	ee.

		04300 DIVISIO	ON OF VITAL RECORDS, 301 V	ATE DEPARTMENT OF HE V. PRESTON STREET, BALTIMO	ORE, MARYLAND 21201	
FOR STATE	1		3/2MEDICAL-EXAMI			04292
HEALTH DEPT.	I	ECEASED-NAME Fir. Type or Print)		BOWER	2a DATE KNOWN A	Month Day Year 2b HOUR
Z D B Z	,	Minn	ie	Bowers	OF ESTI- DEATH MATED 🔀 3	3-9-69 191: DOam M
	3 5		S DATE OF BIRTH 6	AGE (In years IF UNDER , YEAR I	F UNDER 24 HRS 2c. DATE PRONOUNCED DE	AD 2d HOUR
		emale White	10/26/1895	73 YRS	3 90	y 69 19 12:34 pm
2 2 3	7a cour	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIES		
de de de	In (	Try OR TOWN OF DEATH	U.S.A.	WIDOWED C DIVORCED IR INSTITUTION (If not in hospital	TITTICE GEOTE	ge is Mo
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ato ato deat		Lary Land	Prince George's	Mt. Rainier YE	x□ M0 □ 4101 34th.	
har 24 hours after death and in Item 18. Give Pages hinds of the along with farm pages land 2 with the State Dhaurs after death.	=	ATHER'S NAME First		ast IS MOTHER'S MA DEN		
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ted " in al E		18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUS	mry one cause per line for (a), (b), and		Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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necessary, please execute the certificate, writing the ward "pending" in pending the funeral director. Page 4 shauld be farwarded to the Chief Medical Examines. 5 may be retained far your files.  To FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Health prior to burial, crematian, ar removal, and in any event within 72 haurs	_			The state of the s	to all course, all outer in the Mal	
verif wrii rwa rwa novo	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO WAS PERFORA	OR WHICH OPERATION		20. AUTOPSY?
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		1			D STATE DEPARTMENT		
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	1				CERTIFICATE OF DEA	TH .	
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	hours	7o	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
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	e je	14.	FATHER S NAME First	Middle cost	IS. MOTHER'S MAIDEN N	AME First Middle	Lost
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	equires that the death certificate be exemply signar. Signed by the ottending physician and ke burial-tronsit permit. Then please remoburial, cremation, or removal, and in any			BY: Multiple sc			over 3 yrs.
	ne death ottendir permit. Ion, or re		340 大		TOT 02T2		over 5 yrs.
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	G PHYSICIAN: The low requires the the haspital or attending physician. This certificote has been signed by detacted for use as the burial-troite Dept of Health prior to burial, cre	CERTIFICATION	190 DATE OF OPERATION 196 C	ONDITION FOR WHICH OPERATION WAS PE	REORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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	Or		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2	, Item 18.)
	<b>S</b>	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH				
	YSI nasp cer chec	Me	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FAC		.D. No. City or Town	County Stote
	P. F.		While Not while ot work	COPPUL BUILDING, ETC.	/	·	
	RATTENDING PHYS retained by the has ECTOR: After this ce 3 should be detachewith the State Dept		22a L certify that (1) (this	hasnital) attended the decease	ed from 1950	19 to 3=6⇒ 19	9 <u>69</u> , that (I) (we) last
	ATTENDING Py CTOR: After Should be with the Stoil		saw the deceased ali	ve an 3-6-69 1	9a, and that in (my) (aux	19, ta_3 <del>_6</del> , 19 r) apinian death accurred an the d	late and hour and from the
	THE SUPPLIES		causes stated abaye,	(I) (we) (dd) (d yew the	bady ofter death.	, , , , , , , , , , , , , , , , , , , ,	010 0114 1100) 0110 11011, 1110
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	O HOSPII Poge 4 m O FUNERA director, should b	230			CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (State)
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		24	FUNERAL DIRECTOR	ADDRESS	25o. R		L SIGNATURE)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04294 Item13 Film3410 3/18/69 kk CERTIFICATE OF DEATH 1. DECEASED-NAME uneral I and 2 In death. First Middle Lost 20. DATE OF DEATH after death (Type or print) Month 03 Doy 05 Yeo 69 Melvin H Brightman 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years TE UNDER I YEAR lost birthdoy) GAYS Male 10/18/95 Caucasian haurs 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MARRIED 9. COUNTY OF DEATH eare Jemave carban papers. Massachusetts-United States WIDOWED [ DIVORCED [ Prince Georges 24 filled in any event, within 11. NAME OF HOSPHALDRINST TATION (I not in hospitory give street oddress 1801 – Metzerott Manor Care Adelphi USUAL OCCUPATION (Kind of work done doning most of working life, even if retired) 10 CITY OR TOWN OF DEATH requires that the death certificate be executed within 126 KIND OF BUSINESS OR Adelphi Retired Secretary 130 USUA, RES DENCE (Where deceosed lived, if institution, Residence before KAT-ULA OB TOWN DOWN 139 INSIDE CLA FINTES 7012 Wake Forest Drive odmiss on) STATE Maryland 13b COUNTY Prince Georges/Hyattls Giller 14. FATHER'S NAME First Middle LOST IS MOTHERS MAIDEN NAME FIRST Lost Harriet Lamb Lewis M Brightman physydan dnd 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 1801 Metzerott Rd. Yes and primknown) ( 1 yes give war or dates of service) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physydirector, page 3 shauld be detached for use as the burial-transit permit. Then for shauld be filed with the State Dept. of Health prior to burial, cremation, or removals. Manor Care Adelphi-037-01-6891 Adelphi. Maryland APPROX MATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) use to immediate cause (a). be retained by the haspital ar attending physician. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 90. DATE OF OPERATION 9b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [] 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR ATTENDING PHYSICIAN: HOUR A.M. Month Doy Year OR CONTRIBLTING CAUSE OF CEATH (If either, not fy medical examiner) 21d NURY OCCURRED 218. PLACE OF INJURY (AT HOME EARM STREET EACTORY) 21f. LOCATION Street or R.F.D. No. City of Town Stote County of work Not while causes stated above. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS 22d PHYSICIAN'S 22e ADDRESS NAME (Type) 23o. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVA. (Specfy) Cremation Colmar Manor Pro Geo Md. Ft Lincoln Crematory 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Gassh's Sons Hyattsville, Md. 2So REC'D BY REGISTRAR

14	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTAFF	04303 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  04295	
FOR STATE	MEDICAL EXAMINERS CERTIFICATE OF DEATH	
HEALTH DEPT.	DECEASED NAME First Middle Lost 2a DATE KNOWN Month Day 1 Years 21 199 21 Robert Lee Brown	p 33340
ay is 3 to Page Page		am
ny delay 2, and 3 PM3. Pa partment	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years 15 UNDER 14 HRS 2c DATE PRONOUNCED DEAD 14 Feb 1913 10396 day) Months 0A75 HOURS M.N. Month 3 Day 1 Year 69	SIM W
-0	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED WEVER MARRIED 9 COUNTY OF DEATH	
form form	Georgia USA WIDOWED DIVORCED Prince George	Md
hours after deoth any delay lem 18. Give Pages 1-2, and 3 Office along with farm PM3. Paged 2 with the State Department	City or town of Death  11 NAME OF HOSPITAL OR INSTITUTION (If not in maspitor during most of work done give street address)  Prince George  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  UNDLSTRY  UNDLSTRY	S OR
ffer Giv ang ith t	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1
s after 18. Gi alang 2 with death	odm ssion) STATE Md 13b (OUNTY Prince G orge Forestville 2 NO 7727 Penna Ave.,	
	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last LOST LINKNOWN	
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d within in pencil	(Yes, no or unknown) (If yes give wor or dores of service) Barry Brown 7727 Pennsylvania Ave., S.E., Wash., D.C., 2	20023
P.E.	APPROVIMATE INT	ERVAL O. OFATH
cute ng" dical dical vith	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Heart failure	
mdir Med per	4/4 Due to, or as a consequence of	
be period	Conditions, if any, which gave (b)  Arteriosclerotic heart disease over 2	yrs
ould be executed "pending" in the Chief Medical Baltransit permit. Faltransit permit.	rise to immediate cause (a).  Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
share we will the surior in c	lost. (c)	
icate sing the ded to as a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  Diabetes mellitus over 2 yrs.	
is certificate, writing farward a ne used a removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?	
is compensed the far	WAS PERFORMED? YES	NO PS
# 7 2	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNA. CAUSE WAS PRIMARY OR CONTRIBUTING OF INJURY Month Doy, Year HOUR AM. P.M. 19  21b. TIME OF INJURY Month Doy, Year HOUR AM. 19  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 11em 18) P.M.  21c. INJURY OCCURRED CAUSE OF INJURY (At home form street) 21c. INJURY OCCURRED CAUSE OF INJURY (At home form street) 21c. INJURY OCCURRED CAUSE OF INJURY (At home form street) 21c. INJURY OCCURRED CAUSE OF INJURY (At home form street) 21c. INJURY OCCURRED CAUSE OF INJURY (At home form street) 21c. INJURY OCCURRED CAUSE OF INJURY (At home form street) 21c. INJURY OCCURRED CAUSE OF INJURY (AT home form street)	
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XAM ute th nge 4 yaur Page . crem	WHILE NOT WHILE   factory, office building, etc.)	
FX Page Page of, co.	220. I certify that I took charge of the remains described above, held an Autapsy , Inspection A toquiry A and in my	apinian
CAL E executor. Page for CTOR: burlot, burlot,	death resulted from: Natural causes (3), Accident (2) Suicide (1), Hamicide (1) Undetermined manner (1)	apinian
dise dise rect rect rect rect rect rect rect rec	CHIEF MEDICAL EXAMINER	
IIY DICA ry, please e eral director be retained RAL DIRECT priar ta bu	SIGNATURE ACTION ASSISTANT MED CA. EXAMINER 22b. DATE SIGNED	
UT.y.	EXAMINER'S John Kehoel M.D., DEPUTY MED CAL EXAMINER Z 3-1-69	
o DEPUTY DICA necessary, please e the funeral director 5 may be retained o FUNERAL DIRECT Hearth priar ta bu	NAME (Type)  Riverdale ADDRESS(Street, city, town, or county)	
TO DEPUTY DICTOR DICTOR DICTOR THE funeral director of may be retained TO FUNERAL DIRECTOR Hearth prior to be	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State	e)
	Burial / 3/3/69 Washington National Washington, D. C.	
	Robert F. Wilhelm Funeral Home 250 REGISTRAR	Z.
VR A15ME [5]	Agbert 11 Wilhelm Funeral Home 4308 Suitland Rd., S.E., Washington, D.C. 2002 DATE MAR 7 1969 Funeral Home	
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ADDRESS

Hyattsville, Md.

Hyattsville, Md. APPROX MATE INTERVA BETWEEN ONSET AND DEATH hours 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County 22c DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) Baltimore National Cemetery Baltimore. Maryland.

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MONTHS

IF UNLER YEAR

INDUSTRY

26. HOUR

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BURIA. CREMATION.

REMOVAL (Spec fy)

24 FUNERAL DIRECTOR

23b DATE

F. Gasch's Sons

Mar 25, 1969



. 1	- P. 11/10		STATE DEPARTMENT OF		
	04306		301 W. PRESTON STREET, BA ERTIFICATE OF DEATH		04298
	DECEASED-NAME First (Type or poort)	M ddle	last	2a. DATE OF DEATH	2b HOUR
L	- Unhh	#	Carlisle	3 Month	31 69 2:30 AN
3 5	SEX Male 4. R/	White	S DATE OF BIRTH	1876 6 AGE (In year ass purhagy)	IT UNDER 1 YEAR 1F JUDER 24 HRS. MONTHS DAYS HOURS MIN
	BIRTHPLACE (Stote or foreign 7b. CITI	ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR ED	9. COUNTY OF DEATH	102
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	WIDOWED DIVORCED 120. US	Prince G	done C 12b. KIND OF BUSINESS OR
	Riverdale	give street address) Mi	movial Hospital.	mast of warking life, even if reti	
13a adn	I. USUAL RES DENCE (Where deceased lived, nissian), STATE 13b.	COUNTY Pr. Cocker	13c. CITY OR TOWN IS A HISTORICAL  NYES X	NO 30 X 1614	Enterprise Rd.
14	FATHER'S NAME First	Middle Los	IS MOTHER'S MAIDEN NAME	First Mid	dle Lost
	Not available	reco 1/1 cocia eccupativa	Kot ayai		Phone
	o WAS DECEASED EVER IN L.S. ARMED FORI Yes, na, ar unknown) (If yes give war or dates		678 Hospital Reco	and Mrs. Viol	a Emmans (Adnass)
	18 CAUSE OF DEATH (Enter only one co	suse per line (ar (a), (b), and (c))			APPROXIMATE INTERVAL BETWITH ONSEL AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUS	E(a) Hepati	e Fallure		3 weeks
		E TO, OR AS A CONSEQUENCE OF	ic Conclusmo		16000
	rise to immediate cause (a).	(b) metas ta	C C SH C/NOMO	<i>Y</i>	- Juni
	last.	() CareINGT	my of Prosto	rle	
	PART 2. OTHER SIGNIFICANT CONDITIONS	7	h .	RCONDITION GIVEN IN PART 1(0)	
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t CER	21a. ACCIDENT WAS UNDERLYING 21	6 TIME OF INJURY		nter nature of injury in Part 1 or P	art 2, Item 18)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  [If either, notify medical exominer]	OUR A.M. Manth Day Year P.M. 19			
Σ	21d INJURY OCCURRED 21e PLACE O While Nat while at wark	F INJURY ( AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC	ORY ) 21f. LOCATION Street or R.F.D. I	Na. City ar Tawn	County State
	22a I certify that (I) (this hosp saw the acceased alive on	ital) attended the decease	from - 19	68 , to 30 March	, 19.65 , that (I) (we) last
1	couses stoted above, (I) (v	ve) (did) (did nat) view the b	4.7., and that in (my) (aur) a adv ofter death.	ipinion death accurred on t	he dote ond hour and from the
,	22h SIGNATURE	1-0-1	ATTENDING FEE	MED. STAFF	22c. DATE SIGNED
	Thomas M. Yo	Lucehus N	ATTENDING PHYS  22e. ADDRESS	MED. STAFF PHYS.	3-31-69
		M Hutchins	73/5 Z	endover Ad. H	y attsuille, me
230	BURIAL, CREMATION, 23b. DATE		EMETERY OR CREMATORY	23d LOCATION (City or Town	(Caunty) (State)
24	FUNERAL DIRECTOR	1-69 ADDRESS	25n Pfc'n	BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
27	1		die 1/2 strice Volate At		Linula Onean



MAKYLAND STATE DEPARTMENT OF HEALTH



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		07000	DIVISION OF VITAL RECORDS			
		04308		CERTIFICATE OF DI		04300
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. e haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the tentral his certificate has been signed by the attending physician and completely filled in by the tentral his certificate has been signed by the attending physician papers. Pages 1 and 2 Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.		CEASED-NAME First (pe or print)	Middle	Last	2a. DATE OF DEATH Month	10 Day ( Gent 10 10)
8 - 8		A.		happell		0 / 0
burial-transit permit. They please remave carbon papers. Pager burial-transit permit. They please remave arbon papers. Pager burial, crematian, ar remaval, and in any event, within 72 hauts attached.	3 SEX	Female	4. RACE White	s. DATE OF BIRTH Sept.	25,1906 6. AGE (In last author)	yours if under 1 year if under 24 Hrs.  Month's days hours min  YRS.
	caun	w) Kansas	76. CITIZEN OF WHAT COUNTRY? $U_{\bullet}$ $S_{\bullet}$ $A_{\bullet}$	8 MARRIED   NEVER MARRIES WIDOWED   DIVORCED	9 COUNTY OF DEATH Prince	George Md
		ry or town of death Marlowe Heigh		NSTITUTION (If not in hospitol Barnabas Rd.	120 USUAL OCCUPATION (Kind of wording most of working life avenuit	retired.) U STRY OF BUSINESS OR
,,0	13c admis	JSUAL RESIDENCE (Where deceosision) STATE Md.	ed fived, if institution Residence before 13b. COUNTY P. G.	Marlow Hgts YE	INSIDE CITY LIMITS? 13e STREET AND NU S X NO  4847	IMBER St. Barnabas Rd.
1	14. F.	ATHER'S NAME First Samue:	l E. Elder lost	IS MOTHER'S MAIDE	N NAME First Celia K. Murj	M ddie Last
1	Ióa. Yo	WAS DECEASED EVER IN U.S. ARN es, nd Rounknawn) (If yes give w	MED FORCES? 166 SOCIAL SECURITY 5777-60-4	798 Richard	E. Chappell 730	Address Lacona St.
		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (	Be	rkshire Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	П	PART I. DEATH WAS CAUSED IMMEDIA	D BY. LITE CAUSE (a)	/ /	lier	3 am
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	П	Conditions, if ony, which gave ) rise to immediate cause (a),	(b) Kearl	attenue	lucy Y	
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	П	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TERMINAL DI	SEASE ORCONDITION GIVEN IN PART 1	(a)
,	CERTIFICAT ON	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20a. AUTOPSY YES	? 20b. IF YES, WERE CAUSES OF DEATH?	FINDINGS CONSIDERED IN CERTIFYING
		21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical examin	G 21b. TIME OF INJURY H HOUR A.M. Manth Day Yea P.M.	r	RED (Enter nature of injury in Part 1	ar Part 2, Item 18.)
	ME	21d INJURY OCCURRED 21e. While Not work	PLACE OF INJURY ( AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.			County State
		22a. I certify that (I) (th	is hospital) attended the decea	sed from	, 19/0 to 5//6	, 19 <u>6</u> 7, that (!) (we) las on the date and hour and from the
	Н	causes stoted above	e, (I) (we) (did) (did not) view the	body after death.	fact, obinion acom accourse o	Millie dole and hoor one from the
	П	22b. SIGNATURE	. 1	ATTENDING	MED. STAFF	22c. DATE SIGNED
ŧ.	П	en mu	July Will	DEGREE PHYS.	DIRECTOR PHYS.	1/10/69
		22d. PHYSICIAN S NAME (Type)		22e. ADDRES	5	/ /
	230	BURIAL, CREMATION, 23b (		F CEMETERY OR CREMATORY	23d LOCATION (City of T Gardens Waldor:	
1	24.			Ac Chitland Db25	a. REC'D BY REGISTRAR 25b. R	EGISTRAR S SIGNATURE
-		Robert E. Wil	helm Fun. Home ADDRE	Land Md.	MAR 1 7 1969 @	Country Creder.

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 4 3 0 1 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR sertificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely fulled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1850fal shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours affer death. (Type or print) Month George Clinedinst M March & RACE 3 SEX 5 DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR F JINDER 24 HRS last birthaay) MORTHS July 12, 1912 male Write 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED country) U.S.A. WIDOWED | DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (finet in haspital 120 USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Pro George's Hospt during most of working fe even if retired)
Breakman Cheverly Mailroad 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Pro George's Greenbelt YES NO 54 C Ridge Road 14. FATHER S NAME Middle last IS MOTHER'S MAIDEN NAME FIRST M.odle Lost Michael R Clinedinst Janette Mantz 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) ( yes give war or do us of service) 577 05 1918 Charlotte R Clinedinst Greenbelt, Md. TB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) LIDOMA OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 OF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (1) (this hospital) ettended the deceased from 1967, and that in (my) (but) opinion death accurred an the date and have and from the causes stated above, (1) (we) (did not) yiew the bady after death. 22b SIGNATURE DEGREE DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRESS Silver Springs, NAME (Type) N. Tablin 230 BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Edinburg Cedarwood Cemetery ar 30, 1969 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15 (4) 45M 1/69



1	1			, PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STA	ATE		4310 MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	04302
HEALTH D	EPT.	1 D	ASED-NAME First Middle e or Print)	00 5671	oth Doy Year 25 HOUR
to to	to o	- 1	Bruce Edwin		21 1969 254W
\$ 5 P 1 P	(a)	3 \$1	M 4. RACE S DATE OF BIRTH 6 16 dec 1956	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD Months Days Hours Min Month 3 Doy	
EZ	0		THPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
es I sa	te O	coun	Maryland USA	WIDOWED DIVORCED Prince George	Md
8. Give Pages 1, along with farm	Tond 2 with the State Der ofter death.	10. C		*NSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dor	ne 12b KIND OF BUSINESS OR d.) INDUSTRY
20 A B	₽		heverly give street oddress) Prince Geor	ges General duning grost of working life, even if relired	
urs after 18. Giv ice along	lond 2 with offer, death	130	JA: RESIDENCE (Where deceosed lived, if institution Residence beforeson) STATE 13b COUNTY	VEC 1 110 1 1 ((OF O/1)	À 170
\$ 7 a	d2 \		Md Prince Geo	Juse remain - x	
24 hdurs in them 18.	ofte /	14. 1			Lost
24 Lin er's	pages	160	Charles L. Cooper S DECEASED EVER IN U.S. ARMED FORCES? 1166. SOCIAL SECURIT	Barbara H. Cooper	
ithir min			no, or unknown) (If yes give wor or detes of service)	Charles L. Cooper.see blk# 13	
Exo P	urial-transit permit. File in any event within 72		No No none  8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (		APPROXIMATE INTERVAL
ial in	permit. nt within		PART I. DEATH WAS CAUSED BY:	Laceration of brain	BETWEEN ONSET AND GEATH
axec ndin Med	per t		DUE TO, OR AS A CONSEQUENCE		
pe in	eve		onditions, if any, which gove	Skull fracture	Min.
pio de che	Il-tro		se to immediate couse (o), DUE TO, OR AS A CONSEQUENCE	OF	
should we have			(c)	Fall from tree	
icote ing the	as a I, and	z	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT N	OT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
wrii	mova	CERTIFICATION	Oo. DATE OF OPERATION 196 CONDITION FOR WAS PERFORM	R WHICH OPERATION	20 AUTOPSY?
his orte, e fo	ren.	RTIFI(			YES NO TEL
#E -5		3) #	O. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, YOR MARY OR CONTRIBUTING HOUR A.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part	2, Item 18.)
INER e cer shoul files	short	MEDICAL	caucros profession 3 2 1	969 Fell from tree	County State
the true to the second to the		2	foctory, office building, etc.)	11, 21F LOCATION Street or RFD No City or Town 6603 960th Ave Lanham I	.G. Md.
SICAL EXAMINER: This can execute the certificate, ctor. Page 4 should be for ned for your files	DIRECTOR: Page or to buriol, crem		AT WORK LAT WORK LATSECK VAI'C	1 000) 700011 AVE Dalificant 1	
	CTOR: P burriol,		22a. I certify that I taak charge of the remains described from Natural Quises . ACID	nbed above, held an Autapsy, Inspect an 🔼, Inquiry ent 🔀 Suicide, Hamicide, Undetermined many	
se ecto	IREC to b		death resulted from Natural causes . Accid		ier [_]
Plec directo			ACTUAL AMOS SE	CHIEF MEDICAL EXAMINER 22b D	DATE SIGNED
UTY perg be	P P P		EXAMINER'S Sohn Kehoe, M.D., Ri-	THE PERSON OF EXAMINATION OF PROPERTY OF THE PERSON OF THE	3-23-69
O DEPUTY SECA necessory, please ex the funeral director. 5 may be retained it	S =		NAME (Type)	ADDRESS(Street, city, town, or county)	
TO DEPUT necessory, the funer 5 may be	TO FUNERAL DIF Health, prior t	230		OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
			(EMOVAL (Specify) / March 24.1969 Geo	Washington/Cem. Hyattsville, M	aryland
	1		ham F. Of Robert G. Beall	DRESS 12Sb REGISTRAP 0012Sb REGISTRAP	ARS SIGNATURE
VR A3: TOM RE	WE SHOW		13 Annapolis Rd. Lanham, Md	DATE AR 2 6 1969 0	CO
	1 0				



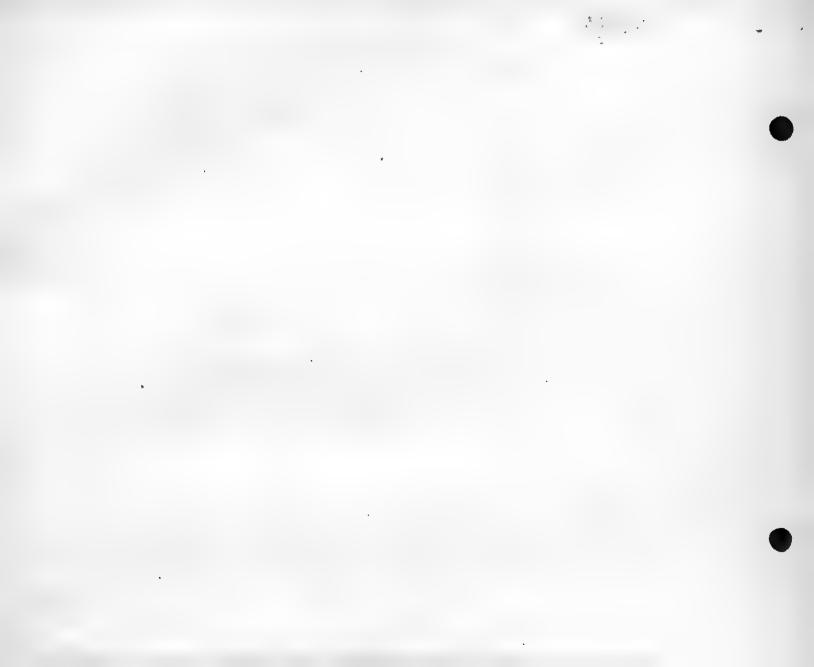
J.	04311	(	DIVISION OF VITAL REC	ORDS, 301 W. PR	ESTON STREET, BALT ATE OF DEATH		/LAND 21201	04303	2
	DECEASED-NAME (Type or print)	First Leon	Middl Howard		last	20. DATE OF D March	EATH 1/8 of h 196 Sty	Yeor	26. HOUR 9:05PM
3.	SEX Male		4. RACE White		S. DATE OF BIRTH		6. AGE (In years last birthday) 7 YRS.		IF UNDER 24 HRS HOURS MIN
7a (0	. BIRTHPLACE (Stote or marry) Maryla		LSA	10 0	NEVER MARRIED	9. COUNTY OF O	CE George		Md
	city or town of de Chever		give street oddress)	George Ger	duringia	peration	Kind of work done te, even if retired) S EXECUTI	126 KIND OF B INDUSTRY VC - 1 TUC!	usiness or king Co
aa	O USUAL RESIDENCE (V mission) STATE Mary FATHER'S NAME		lived if astitution Residence	Fadanal	YES N	0 🔼	ET AND NUMBER	nce Road	
	I	Villiam		raft	MOTHER'S MAIDEN NAME	first	Wi	llin	Last
16	Yes, no occeased EVEI	IN U.S. ARMEI	or december service) 16b SOCIAL SE 213-03	3-9696 Emi	na Craft		Sames		ATE INTERVAL
		which gove ) cause (a), ( ying cause	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ITIONS CONTRIBUTING TO DEATH	nce of St H.	bos in & Acu yholemenci THE TERMINAL D SEASE OR			and-	
CEDITICATION	190. DATE OF OPERA		NDITION FOR WHICH OPERATION		20a. AUTOPSY?  YES NO WINJURY OCCURRED (Enter	CAUSES	ES, WERE FINDINGS CO OF DEATH?		RTIFYING
uspical c		CAUSE OF DEATH edicol exomine RED 21e P	HOUR A.M. Manth Day P.M.	Year	CATION Street or R.F.D. No.		r Town	County	State
	22a. I certify t	hat (I) (this	hospital) attended the coveran Mak 18 (V) (we) (did) (did not) vie	leceased fram N 1961, and w the bady after d	that in (my) (aur) ap eath.	eq, ta iinian death ac		69., that ( te and have a	(I) (we) last nd fram the
	27d PHYS CIAN S	.V. Na	ir M.D.	DEGRE	E PHYS L I		STAFF M Ma	OR. 18,19	169
23	BLRIAL, CREMAT ON REMOVAL (Specify)	, 23b DA		AME OF CEMETERY OR	CREMATORY	23d LOCATION	(Cdy or Town)	(County)	(Stote)
24	. FUNERAL DIRECTOR		Todonalshura	Mayband	2So. REC D	BY REGISTRAR	25b. REGISTRAR S	SIGNATURE	



ا ب	[7t]				DEPARTMENT OF HEA ESTON STREET, BALTIMO		ID 21201	
FOR STATE		04313			'S CERTIFICATE OF			04305
HEALTH DEPT.		CEASED NAME Fr		Midd e	Lost		DATE KNOWN [ ] M	onth Doy Year 2b HOt
of of	[1	ype or Print) Paul		Lorenzo	Crisp		DATE KNOWN M OF EST - DEATH MATED	3-17-69 1911:00p
lay 15 3 ta Page Page	3 SE		S DATE OF BIR	TH 6 AGÉ	T YNGIS OF UNDER I YEAR IF	UNDER 24 HRS 2c	DATE PRONOUNCED DE	
any delay in	-	Male White	11-16-	1911 57	YRS MONTHS DAYS HOL	JRS MIN	Month Per	
	70 E	IRTHP_ACE (State or foreign	76 CITIZEN OF WH.	AT COUNTRY? 8.	MARRIED NEVER MARRIED	-	OF DEATH	
Pages ith far	- COON	Md			WIDOWED TO DIVORCED		nce George	
within 24 haurs after deather penchin Item 18. Give Pages caminer's Office along with far le pages Land 2 with the State 72 haurs after death	10. C	TY OR TOWN OF DEATH  College Parl			l d	uring most of wo	ATION (Kind of work of brking life, even if reta echanic	tione 12b KIND OF BUSINESS OR INDUSTRY Self
offer allowed allowed with the standard allowed allowe	13o	USUAL RESIDENCE (Where dece	osed lived, if institu	tion Residence before 1	OC CITY OR TOWN 13d HISTOR		STREET AND NUMBER	
TS of The State of	00	mission) STATE	136. COUNTY		Baltimore YES	NO D	846 N. Gay	Street
tem 18 Office of office of terror		ATHER'S NAME First	Middle	Lost	IS MOTHER'S MAIDEN N		M dale	lost
24 h		Unk	nown		Unkn	own		•••
thin 24 and 1 miner's pages haurs		VAS DECEASED EVER IN U.S. ARMEI	and the second second	16b SOCIAL SECURITY NO	17. INFORMANT		ADDRESS	
with pen xam xam xam 11e F 72 I		no (i vis gi	se was or ones or service)	265 03 4292	Donald Pau	l Crisp	Glenn Da	ale, Md
shauld be executed with a word "pending" in pertain the Chief Medical Examburial-transit permit. File In any event within 72		18. CAUSE OF DEATH (Enter of						APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. consit permit. Fevent within	ш	PART I DEATH WAS CAUS	ED BY ATE (AUSE (o)	Hepatic	failure			
exeend Me it pe		1 / /	DUE TO, OR.	AS A CONSEQUENCE OF				
hief hief		Conditions, if dry, which gove use to immediate couse (a),	(b)	Cirrhes	is of liver			
ould vord ne Ch al-tro any	ш	stoting the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF				
sho e w a th ouri	Ш	lost	) (c)					
	ł I	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTI	NG TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE	OR CONDITION G	IVEN IN PART 1(o)	
INER: This certificate writing should be farwarder files.  3 should be used as should be used as a should be used a should be used a should be used.	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHI	CH OPERATION	-		20 AJTOPSY?
s c for for rem				WAS PERFORMED?				YES X NO
Th ficat be be	E E	210 EXTERNAL CALSE WAS		NJURY Month, Doy, Year	21c HOW INJURY OCCURRE	D (Enter noture o	f injury in Port I or Pa	
ER: entfi ould our	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.A					
INER: he cert shoul files. 3 shou	黑	21d INJURY OCCURRED 21e	PLACE OF INJRY (A	it home, form, street,	21f LOCATION Street or R.F.E	No No	City or Town	County State
bical Examiner: se execute the certification. Page 4 should ned far your files. ECTOR: Page 3 should burial, cremation,		WHILE NOT WHILE AT WORK	octory, office building	g, efc.}				
e executar. Paged far. Paged far. Dural, bural,	1 [	220. I certify that I	took charge of th	e remoins described	obove, held on Autopsy	X, Inspec	tion [X] Inquit	y , and in my opinio
2 2 2 2 0 0	П	death resulted from:			Suicide Hon		Undetermined ma	
y, please ey, please ey, please extra directar.	ш		1 - /	$\Pi I I I$	CHIEF MED	ICAL EXAMINER		
of of of or rior	ш	ACTUAL SIGNATURE	Man	111/3	M.D. ASSISTANT	MEDICAL EXAMIN	ER 22b.	DATE SIGNED
Sary Sary Dec. 7 be		EXAMINER'S		1		ED CAL EXAMINER		3-19-69
ro DEPUTO necessary, the funeral 5 may be r 10 FUNERAL Health price			Kehoe MD	Riverdale	Md ADDRESS(S	itreet, city, town,	or county)	
10 mg	230	BURIAL, CREMATION, 231	DATE	23c. NAME OF CE	METERY OR EREMATORY-	23d LO	(City or Town)	(County) (State)
		277.4.4	ar 21, 19		coln Cemetery	Co.	lmar Manor	Pro Geo Md.
A .		FUNERAL DIRECTOR	-1.1- C	ADDRESS	250	RECD BY REGISTS	RAP 256 REGIST	RAR S SIGNATURE
VR A15ME (5)		r. Gas	cn's sons		.ie, Ma. DATE	MAR Z 4	1303 "	Condata .



111		# * * * *		TAND STATE DEPARTME			
		04314	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STRI			
_		01011		CERTIFICATE OF D	DEATH	04	306
ath.		ECEASED NAME Frs	Middle	C Last	2a. DATE OF	The second secon	2b. HOUR
de ge	L	7-0	inie ALVE	y vose		3 28	69 4-63AM
haurs after death. In by—the funeral Pages 1 and 2 hages and 2	3. 5	Famologi	4. RACE TO.	S. DATE OF BIRT	1900	last birthday) Mo	UNDER I YEAR OF LINDER 24 HRS HOURS MIN
and a delay	70	BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRI			
in 24 ho iffled in papers.	€ŒÐ	MARYLAND	U.S.A.	WIDOWED DIVORCE			e Md
fille n pa	10	ITY OR TOWN OF DEATH	II NAME OF HOSPITAL  Street oddjesk)	OR INSTITUTION (If not in haspital	12a. USUAL OCCUPATION during most of working	(Kind of work dane	12b, KIND OF BUSINESS OR INDUSTRY
ed withi	120	IM ON IN	a lline Vie	w gardens	Teac	her	SCHOOL
executed within 24 and completely filled emave carbon page any event, within 7	adm	ssian) STATE M	ised lived, if institution: Residence b		HE NO TO ST	REET AND NUMBER	
e exec	14	ATHER'S NAME First		ost IS. MOTHERS MAIL		M ddle	LOST
og und	71-	Waller			Parrie	Cantor	
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital or attending physician. This certificate has been signed by the attending physician and completely filled in by—the funeral stacked far use as the bur al-transit permit. Then please remave carbon papers. Pages I and Dept. after the burial, cremation, ar remavalt-and in any event, within 77 hauss after death		WAS DECEASED EVER IN U.S. AR es, no, or unknown) (1' yes give	MED FORCES? Was or dolles all service)  16b. SOCIAL SEC		Gross / Brothe	Address Boy	211 Brandy wie
ing the		1B. CAUSE OF DEATH (Enter o	nly ane couse per line for (o), (b), g	od (c))	<i>c</i> 1	, -	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
feat mit. ar r		PART I DEATH WAS CAUSI IMMED	MATE CAUSE (a)	sular l	will		
aff per ion,		1	DUE TO, OR AS A CONSEQUEN	CE OF	0.00		
the the mat		Canditions, if any, which gove rise to immediate couse (a),	(b)	sculation	Collap	rl	
The law requires that the death certification attending physician. has been signed by the attending physe as the burial-transit permit. Then the priar ta burial, cremation, ar remands.		stating the underlying cause last.		CE OF CENO MA	tores		
quir phys sign sur c		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL E	DISEASE OR CONDITION GIVE	N IN PART I(q)	
w re ling   een s the b	No		livenome.	& Vagun	- Ultre	o é mes	astarlo
e lav tend as be as a	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION V		CALICEC	YES, WERE FINDINGS CONS OF DEATH?	DERED IN CERTIFYING
e house	ERTI	210. ACCIDENT WAS UNDERLYI	NC Fact Tue of Hillians	YES 🗌	NU 🔀		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	롱	OR CONTRIBUTING CAUSE OF DEA (If either, notify med.col exom	TH HOUR A.M. Manth Ogy	Year 19	RRED (Enter nature of injur	ry in Part I or Part 2, Item	( 18.)
HYSI hasp s cer ache ept.	MED			EET, FACTORY.) 21f. LOCATION Street	or R.F.D. No. City	or Town (	ounty State
G P this det						2/	
by Affee be Star		22a. I certify that (I) (th	nis hospitol) attended the de	ceased from	, 19 <u>607</u> , to	19 8	that (I) (we) last
TEN ined ould the		causes stated obav	e, (I) (we) (did) (did nat) view	ceased from J/S/ 19 and thet in (my) the body after death.	(aur) opinion death o	accurred on the date	and hour and from the
R AT reto		22b. SIGNATURE	.00-10				ESTGNED
be b		22d. PHYSICIAN'S	a K Jags	BEGREE PHYS  220, ADDRE	MED DIRECTOR	PHYS. L.J. 3/	28/67
SPITA 4 mar (ERAL) ar, po		NAME (Type)	LARED & L	HPIN, M	"CLIN.	TON, MI	2 /
O HOSPIT Page 4 m O FUNERA director, I	23a	BURIAL CREMATION, 23b	The second secon	E OF CEMETERY OR CREMATORY	0	() -	County) (Stote)
55 5 6	2/1	SMOVA (Specify) 3- FUNERAL DIRECTOR / F		DRESSA 12	SO RECO BY REGISTRAR	256. REGISTRAR'S SIG	MATURE.
VII A15 A4 45M - 1 8	٤٦.	Hunt	HOME? 1 60 / 6		DAAPR 1 196		of Current
1/1/	<b>—</b>			~ ()	1 10		-0-0-



1	MARYLAND STATE DEPARTMENT OF HEA									
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
04315	CERTIFICATE OF DEATH	04307								
1. DECEASED-NAME (Type or print) First ERIVEST	11111	o. DATE OF DEATH  2b. HOUR  Wanth Doy Year								
3. SEX 4. RACE	S. DATE OF BIRTH	6 AGE (In years I IF UNDER A YEAR I IF UNDER 24 HRS								
M CAL	LC 10-29-18	last birthday) YRS MONTHS ONYS HOURS MIN								
		OUNTY OF DEATH								
ALEX, VA. USF	WIDOWED DIVORCED	F. G Md.								
ID CITY OR TOWN OF DEATH		CCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY								
3a USUAL RESIDENCE (Where deceased lived, if institution	CEN BELT CONV. CR	13e. STREET AND NUMBER								
idmission) STATE 13h, COUNTY	eo co New Carrolltans No	7501 Topton st								
14. FATHER'S NAME First Middle	Lost IS MOTHER'S MAIDEN NAME First	Middle Last								
Ernest E Crosso										
Yes, no, or unknown) (If yes give war or dates of service	b social security no. 17 informant Mary E Crosson	New Carrellton, Mid								
18 CALISE OF DEATH (Forms only one cours on less		APPROXIMATE INTERVA.								
18 CAUSE OF DEATH (Enter only one couse per line in PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (c)	BRILL CAPATANII AR	BETWIFFN ONSIT AND CHATH								
11 10 6	A CONSEQUENCE OF									
Conditions, if any, which gave (b).	CPrebro-Yosbular dis	rase 8 Vrs								
stating the underlying couse DUE TO, OR AS I	A CONSEQUENCE OF	C'								
PART 2 CTHER SIGNIFICANT CONDITIONS CONTRIB TH	G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	IT ON CIVEN IN PART 1(a)								
	3 TO DEATH OUT HOT RELATED TO THE TENNINAE DISEASE OF CONDI	TOTA STATE THE TRUE TO								
190 DATE OF OPERATION 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING								
RILLE	YES NO	CAUSES OF DEATH?								
	JURY 21c. HOW INJURY OCCURRED (Enter nate	ure of injury in Part 1 or Port 2, Item 18}								
苦 (If either, natify medical exominer) P.M.	HOME FARM STREET FACTORY ) 21f LOCATION Street or R FD Ng.	City or Town County State								
While Not while	FICE BUILDING, ETC.	City or Town County State								
at wark at work	led the deceased from June, 19.32	7, to Mar 10, 1964, that (1) (we) las								
saw the deceased alive on	ded the deceased from THRE, 19,32 NAP B19 64, and that in (my) (our) opinior id nat) view the body after death.	n death occurred on the date and hour and from the								
22b. SIGNATURE	7 // 1000	22c. DATE SIGNED								
10.45 Ci	MED. ATTENDING DIRECT DIRECT	STAFF DI DI LA LA								
22d. PHYS.CIAN S NAME (Type) A A A	22e ADDRESS : /+:	un Church Machinata La								
SALYMAYIE	Too wall of control of control of	d locaton (the stan)								
230. BURIAL (REMATION, REMOVAL (Specify) March 13, 19	1	d. LOCATON (City of Town) (County) (Stole) Colman Manor Pro Geo Md.								
24. FUNERAL DIRECTOR	ADDRESS 250 RECD BY RE									
r. dasch s cons	DAMAR 1 4	1 1969 Peliantes Judge								



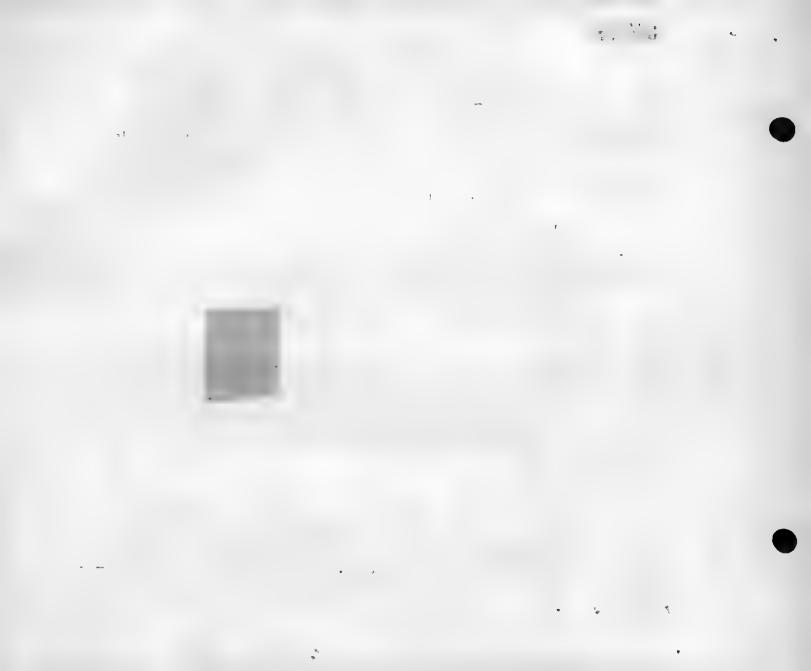
7 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
/ FOR STATE		0.2.33.0 MEDICAL EVAMINED'S CEDTIFICATE OF DEATH	04308
HEALTH DEPT.	1 0	DECEASED NAME First Middle Lost 2a DATE KNOWNE Marth (Type or Print) Gloria Francis Crowley 05 531.	Day Year 25 210US
delay is Page ment of	3 5	DEATH MATEU	29 19 69 p M
E E		isst birthdov) MONTHS DAYS HOURS M.N.	29 Year 19 69 2:50 M
n P		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ges form		Tllinois   U.S.A.   WIDOWED   DIVORCED   Prince George CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind of wark dane	Md. 126 KIND OF BUSINESS OR
ofter death hy of the Brank farm PM with the State Depart leath.	10.		INDUSTRY
hours after death Item 18. Give Pages 1, Office along with form land 2 with the State De offer death,	13o.	o. LSDAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY UNITS? 13e STREET AND NUMBER admission) STATE Md. 13b COUNTY rince Geobje District YES NO 7800 Kipling E	arkway
24 hours in Item 18 confice to 1 and 2	14. 1	FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME Frances Middle	Kopina
thin mine page		Was Deceased ever in U.S. ARMED FORCES?  (Yes. na, of unknown)  (Husband)  ADDREST 800  Mr. William Crowley— Dist. H	-Kipling Pk
rted virinical Ex		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within		Heart failure  4/3 3  MMEDIATE CAUSE (a) Heart failure  DUE TO, OR AS A CONSEQUENCE OF	Mi. utes
"pe ("pe hief		Conditions, if any, which gave (a). (b) Arteriosclerotic heart disease	vrs.
should be executed will be ward "pending" in perton to the Chief Medical Exact burial-transit permit. File I in any event within 72.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	
This certificate should cate, writing the ward be farwarded to the Che be used as a burial-transmir remayal, and in any		PART 2. OTHER 5 GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
this certificate is act, writing the set farwarded to be used as a be remayal, and	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES ← NO □
INER: The certificate of the cer	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  210 T ME OF INJURY Month, Day, Year HOUR A.M. P.M.  19	tem 18)
	MEI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f LOCATION Street or R.F.D. No.  City or Town	County State
FCAL EXA e execute ctar. Page ed far you cTOR: Page burial, cri		220. I certify that I took charge of the remains described above, held an Autopsy 🔀 , Inspection 🔲 , Inquiry 🔄	and in my opinion
bical EXAM please execute the director. Page 4 etained for your DIRECTOR: Page or to burial, crem		death resulted fram: Natural causes 🕰 Accident 🗌 Dicide 🔲, Hamicide 🔲, Undefermined manner	
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE	SIGNED
necessory, price function in the function is may be re to funkeral. Health, prio		EXAMINER'S  NAME (Type)  John Kehoe, N.D.  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city, town or county)	29-69
TO L		Buria, CREMATION, 1236 DATE Apr. 1/69 23c. NAME OF CEMETERY OR CREMATORY Spring Valley	(Caunty) (State) y,Illinois
	24	FUNERAL DIRECTOR M W Hyspong Co. The Address 200 N S+ lagareed by registrar 256 registrars	SIGNATURE
VR A15ME (5)	1	PER- Thomas Mr. Harris Wash. D. C. DATE APR 1 1969 Julia	· Con Constant



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04309 CERTIFICATE OF DEATH rilled in by the funeral pages. Pages 1 and 2 thin 72 hours after death. 1. DECEASED-NAME First M'ddle Lost 20 DATE OF DEATH 2b. HOUR within 24 hours after deoth (Type or print) Month. Crump Ann March 3 SEX 6 AGE (In years 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. White Female Jast birthday) HOLIRS April 24 1901 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED and completely filled in country) WIDOWED TX DIVORCED Prince George New York buriol, cremotion, or removol, and in any event, within LO. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) carban INDUSTRY Bowie 130 USUA, RESIDENCE (Where deceased leved, if institution, Residence before executed 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER please remove YES 🔽 ND [ Seabury Lane 12409 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last McKenna. O'Neill Elizabeth John F. The low requires that the deoth certificate 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. or unknown) I (If yes give war or dates of service) John R. Crump Same as 13 ARCDE APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND BEATH PART 1. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE signed by the buriol-transit p Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to NO 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o AUTOPSY? CAUSES OF DEATH? YES [ NO [ GRET 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED (AT MOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 28 man 1967, and that in (my) (bur) opinion death accurred on the date and hour and from the couses stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e-ADDRESS Thomas ! Maloney Landover Ave NAME Type 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Post. Arlington 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D\_BY REGISTRAR VR A15 (4) 30M REV. 1/68



1	Ιt	tem 18 Film412 5-2-6 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		04318 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04310
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month OF ESTI-	Day Yeor 2b. HOUR
any deloy is 2, and 3 to PM3. Page		Nichael Allen D'Agnenica DEATH MATERIA 3-5-6	9 19.0 30am
deloy is and 3 to 13. Poge ment of	3 \$	EX 4 RACE S DATE OF BIRTH 6 AGE (in years 15 under 1 year 15 under 24 HPS 2c DATE PRONOUNCED DEAD less birthdoy) MONTHS DAYS HOURS MIN MONTH DDy	2d HOUR
P.W.S.			69 19 11:50 amm
- 5	70 cour	BIRTHPLACE (Store or foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 2 9 COUNTY OF DEATH	
E Se Ta		WASHINGTON, DCI (7.5 MIDDING Prince George's	Mo 12b KIND OF BUSINESS OR
24 hours ofter death in Rem 18. Give Pages ars. Office along with far es I and 2 with the State urs after death.		give street andress)	INDUSTRY
Give	130	Cheverly Prince George Hospital  USUAL RESIDENCE (Where deceosed lived, if .nst tut on Residence before 13c (1TY OR TOWN 13d MISIDE CTY LIMITS? 13e STREET AND NUMBER	
s ofter 18. Girls olong vith death,	0	dmission) STATE 136 (OUNTY Maryland Prince George's Landover YES X NO 3421 Dodge Par	k Road #201
hours ofter de Rem 18. Give F. Office olong w		FATHER'S NAME First Middle cost 115 MOTHER'S MAIDEN NAME First , Middle	Lost
2 5 5 5		CARROLL D'AGNENICA. DOREEN HAMMOI	
miner's hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  165. SOCIAL SECURITY NO  17. INFORMANT  CARROLL D'AGNENICA.  ADDRESS  SAN	1E AS. #13
with person Exam File n 71	<u> </u>	No	APPROXIMATE INTERVAL
rted Sal E		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
xecu ding fleding f wi		IMMEDIATE CAUSE (o) UTILITIES WIT	1
pen pen lef A sit		Onditions, if ony, which gave )  (b) SDTT	
old the		nse to immediate couse (a), stating the underlying couse Due TO, OR AS A CONSEQUENCE OF	
should be executed with word "pending" in personal transity word "urial-transity mermit File in ony event within 7		lost. (c)	
O DEPUTY DICAL EXAMINER: This certificate should be executed writing 24 hours after death necessary, please execute the certificate, writing the word "pending" in percil in Rem 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files.  O FULLEAL DIRUCTUR: Page 3 should be used as a buriot-transit mermit file mages 1 and 2 with the State Health prior to be ind, cremation, or remeval, and in any event within 71 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rriffi rritir vard vard vol.	NOI	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
forv forv	CERTIFICATION	WAS PERFORMED?	YES IRCI NO
The fication of a second secon	CERT	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Ite	
INER: e certi should fifes. 3 shou otron,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
bical Examiner: se execute the certi- stor. Poge 4 should ned for your files. iCTER: Poge 3 shou	ME	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, part of the property of the p	County State
EXAM ute th nge 4 your Poge		AT WORK LI AT WORK LI	
AL E		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔼 , Inspection 🔼 , Inquiry 🔲	and in my apinian
JTY please e gral director be retained mat interception prior to be		death resulted fram: Notural causes 🔀, Artigent 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner (	
pled reto		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE S	IGNED
ury, nero be be pri		A STAN ALL CALL PROPERTY OF THE PROPERTY OF TH	3-6-69
necessary, please est the funeral director. S may be retained for the full Health prior to be established.		NAME (Type)  ADDRESS(Street, city, town, or county)	
5 m + 2 m +	23a		(County) (State)
	E		MARYLAND
VR A15ME [5] 00	1	FENERAL DIRECTOR M. RERS CO. RIVERDALE, MD. 250 REGISTRAR 250 REGISTRAR'S S	IGNATURA Con Service



	1			NO STATE DEPARTM			
13 10	<b>†</b>	04319	DIVISION OF VITAL RECORD			, MARYLAND 21201	04311
(N			3/26/69 kk	CERTIFICATE OF			
24 haurs after death.  24 haurs after death.  72 hoers after death		ECEASED-NAME First Type or print)  A & L. THC	Middle	DHUI	20. [	DATE OF DEATH  Month  Do	Y Year 2b. HOUR.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. S	X	4 RACE	S DATE OF BII		6. AGE (In years	IF UNDER YEAR OF UNDER 24 HRS
P P P		Male	Negro	1/6/	1893	last birthday)	MONTHS DAYS HOURS MIN
		BIRTHPLACE (State or foreign ntry)	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR	KIED	NTY OF DEATH	
A Page		.5C.	12/27		CED ED.	ince Thongs	_ 3772 · Md.
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nay be retained by the haspital or attending physician.  AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-trans; permit. Then please remove carbon page e filed with the State Dept. af Health priar to burial, cremation, ar removal, and this or within 7	10 1	CITY OR TOWN OF DEATH	I mus street address)_	institution (If not in hospital	during most of w	PATION (Kind of work done rorking life, even if retired.)	125 KIND OF BUSINESS OR INDUSTRY
d w carb	13o.	USUAL RESIDENCE (Where deceas	ed lived, if institution Residence befo		13d. INSIDE CITY LAMITS?	13e, STREET AND NUMBER	
cute cute	adm	ISSION) STATE WAShing	THYP COUNTY C		YES NO .	410 m,st.	SE. Apt 708
and out	14	FATHER'S NAME First	Middle Lost	15 MOTHER'S MA	IDEN NAME First	Meddle	Last
nor can		Robert	DAVIS		1 cone	e Hn	Thomas
ond it		WAS DECEASED EVER IN U.S. ARM	4 . 4 . 4	1 . 0 4	. ^	Address	A da
rtific phys		os, no, of unknown)	TELL Service	I VI SUL	4/16	inon if 10	3 30 - + - c- 10
ch certificat ing physica Then plea		18. CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and	(d))	٤ ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death attendi		PART I DEATH WAS CAUSEI IMMEDIA	y one cause per line for (a), (b), and D BY: ATE CAUSE (a)	ic ladies	edual Co	is well items	ne.
atte atte an,		441.2	DUE TO, OR AS A CONSEQUENCE		1.	7	1 /
the the math		Conditions, if any, which gove to immediate cause (a),	(b)	est lay	Correr	al il red teg	ca. Ator
ivires that the hysician. gned by the ur.al-trans.	ı	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF L	,	. 1 1.	_ ''
physician physician signed by bur.al-tra bur.al, cre	L	last )	(t) k 4 c 1	may val-	Kint Plan	chmul	
sig bul		PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITIE	IN GIVEN IN PART 1(0)	
ding ding freen freen rr to	S S	C C C C C C C C C C C C C C C C C C C	6 - LO C/1/CC	Con Allen	s red .	20b IF YES, WERE FINDINGS	CONCIDENTA IN CENTIFYING
The law re attending has been se as the th priarta	CERTIFICATION	19d DATE OF OPERAT ON 19b.	CONDIT ON FOR WHICH OPERATION WAS	PERFORMED 20a. AUTO		CAUSES OF DEATH?	LUNSIDERED IN EEKIIFTING
e hy ouse	ER	21g ACCIDENT WAS UNDERLYIN	IG 216 TIME OF NURY	66.7-7	NO []	of injury in Part 1 or Part 2,	Itam 183
In all all all all all all all all all al		OR CONTR BUTING CAUSE OF CEAT	TH HOUR A.M. Month Day Ye	or ZIC. NOW INJUNT OCC	OKKED (Enter Hotore	or injury in Part 1 at Part 2,	1010 10.)
SIC Spile Spile Serfii T. of	MEDICAL	(If either, natify medical examinated 121d IN.URY OCCURRED 21e		FACTORY 1 21F LOCATION Street	t or P.F.D. No.	City or Town	Caunty State
Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for a should le filed with the State Dept. af Health		at work of wark	PEACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC			<u> </u>	
be Stat		220. I certify that (I) (th	is hospital) attended the dece	ased from 4/	19 6-4	10_5/12	7, that (I) (we) last
ENI Ded Cld		causes stated above	e, (I) (we) (did) (did not) view th	_17, and indi in (in)	A) (ant) obtation a	learn occurred an the a	ate and naur and tram the
E Baile Baile		22b. SIGNATURE	1 /				DATE SIGNED
OR DE TO SE	L	( 2)	Istalk lay	SEGREE PHYS.	MED DIRECTOR	STAFF PHYS.	3/1/69
TAI Day	1	22d PHYSICIAN S NAME (Type)	1 / 2 / 2:13	22e ADD	RESS ( C./)		
O HOSPITAL OR Page 4 may be n O FUNERAL DIRE director, page 3 should lie filed w			L- ICE DP	1. 114/11/180		101.1110	3
HO obe FUI Fui	230	BURIAL, CREMATION, 23b.	DATE 3/0/07 23c NAME	OF CEMATERY ORIGINATORY		LOCATION (City of Town)	Housementer Stote SC
5-5-2	^'	FUNERAL BIRZCTOR	ADDR	reskaum Je	48/1/0 V	1 1 1 640	5 SIGNATURE
VR A15 (4) - 30M REV. 1/68	24.	Mall B	Small MAY	121+la an	25a. RECD BY REGIS	1969	Tres Judge

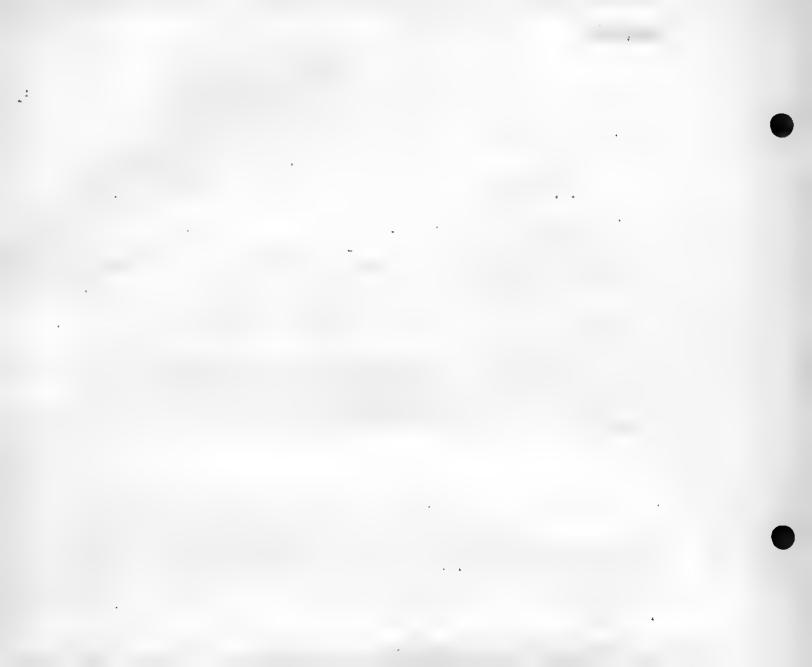
1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE	04320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 043	12
H DEPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWN Month D	ay Year 26 HOUR
**** O	(Type or Print)  James Andrew DeRoVin DEATH MATED X 3-14-6	69 196 30 pm
	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
,	Male White 2-5-1947 22 YRS 3 14 6	69ear 196:37pm M
/	70. BIRTHPLACE (State or foreign   75. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
	ESCANABA MICH USA. WIDOWED DIVORCED Prince George's	Md
	aive street address) during most of working life even if retired 1. Ih	6 KIND OF BUSINESS OR DUSTRY
	Suitland Andrews Air Force Base Hosp. 567 VS. MAR.  130. USUAL RES DENCE (Where deceased lyed, 1 institut on Residence before 13c CTY OR TOWN 13d MISHE CTY LIMITS? 13e. STREET AND NUMBER	INE CORP
p .	odmission), STATE 176 COUNTY Nuskegan YES NO 3278 Black Cree	ek Road
-/-	4 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
3	ANDREW LI DEROVIN LUCILLE MARIE	-
	60 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT ADDRESS	
	(Yes, no. of unknown) (II yes give year of dedies of service) UNKNOWN MARINE CORPRECORDS ANDREW	S.AF.B.
ſ	IR CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART DEATH WAS CAUSED BY Burns 100% of body surface	
v	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gove rise to immediate couse (o), (b)	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
1	190 DATE OF OPERATION  195 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  21b TIME OF INJURY Manth, Day, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES IKT NO
1	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
	PRIMARY TO OR CONTRIBUTING 6.30 tom 3-14- 1969 Burned in fuel truck explosion  2 of IN.J.RY OCCURRED 121e PLACE OF INJURY (At home, form, street, 21f .QCAT.QN Street or R.F.D. No. (Ity or Town)	
7	factors of the first transfer of the second	County State
	Andrews Air Force Base Hospital, Suitland, Prince George	Co., Md.
	22a. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔼 Inquiry 🗍,	and in my apinian
	death resulted fram: Natural cause > 🗀 , Accident 🗷, Suicide 🗔, Hamicide 🔲, Undetermined manner 🗌	
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (200, DATE SIC	
,÷	DEPUTY MEDICA, EXAMINER   3-15	-09
?	NAME (Type) John Kehoe I:D Riverdale, Md. ADDRESS(Street, city, town or county)  230 BLRIAL, CREMATION, / 236 DATE   236 NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (C	/F
	230 BLRIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (C by or Town) (C	aunty) (State)
	24 FUNERALJDIRECTOR ADDRESS WORLD 250 RECD, BY REGISTRAR A 256 REGISTRAR S SIG	NATURE
	W. Chambers Co 1400 Chapin St 120, DATE MAN 20 1969 June	Und Josepha



18-01		nn	MOIZIN				'ARTMENT O ON STREET, BA		IADVIAND 2	1201			
FOR STATE		04321	ISION				ERTIFICAT			1201	0	4313	
HEALTH DEPT.		ECEASED-NAME	First	THE DICE	Midd		Lost	L OI DL		E KNOWN [29	Month	Doy Yeor	2b. HOUR
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deloy is and 3 to M3. Page	3 S			S DATE OF BIRTH	+	6 AGE (In years	IF UNDER E YEAR	F UNDER 24	HRS 2c DAT	E PRONOUNCEI	DEAD (	0 0 / 1.2	2d. HOUR
2, and 3. Pag. Pag. Pag. Pag. Pag. Pag. Pag. Pag		lale Ca		06-24-	23	test birthday) 45 YR	MONTHS DAYS	HOURS	Mile Moi	nth March	Day	30 Year 1969	11:16
	7a cour	BIRTHPLACE (State or foreign	7b	CITIZEN OF WHAT		8. M	ARRIED 🔀 NEVER A	MARRIED 🔲	9 COUNTY OF				
des -		" DLGZII		Brazi			h-m-d	VORCED [				George's	Md.
ve Pog g with	10 (	ITY OR TOWN OF DEATH					N (if not in hosp t		UAL OCCUPATIO	N (Kind of wo	ret red \	126 K ND OF BU	SINESS OR
er d	120	Cheverly USUAL RESIDENCE (Where	docana				Gen. Hosp	13d INSIDE CITY EM	most of working	THE AND NUM		self-e	mployed
olohig with	0	mission) STATE Md		Prime	on Residence George:	s La	urel	YES NC	100 21	809 Hu		. I.ane	
within 24 hours after death in tem 18. Give Poges 1, Exominer's Oriter olong with forms. File pages Tond 2 with the State De in 72 hours ofter death	14 F	ATHER'S NAME First		Middle		Lost	IS MOTHERS M		First		ddie		tzi
4000		Salor	nao	deV	asconce	ellos		_	ranca			deCary	**
him 24 mal in miner's pages hours	160	WAS DECEASED EVER IN U.S. A			6b SOCIAL SECU	JRITY NO	17 INFORMANT			ADDRE	55 240	00 Virgi	nia Ave
within n penal Exominer File page	(3	es po, or unknown) (I	Aez å va ma	r or dates of service)	None		Muriel	Habel \	Vasconc	ellos	NW,	Washing	
nould be executed within 2 word "pending" in pendi ii the Chief Medical Exominer rial-transit permit. File page:		18. CAUSE OF DEATH (E	nter only	one couse per line	far (a), (b), a	nd (c).)						APPROXIMA BETWEEN ONS	E INTERVAL T AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within		PART I DEATH WAS	MWED: ATI	E CAUSE (o)A	cute s	ubdura	hematon	na					
ex end if p		66/X		DUE TO, OR A	S A CONSEQUE	NCE OF							
the Chie		Conditions, if any which use to immediate couse	(0).	(b)									
should be en word in perion of the Chiefi buriol-transit		stating the underlying c	DUSE	DUE TO, OR A	S A CONSEQUE	NCE OF							
s sho he w to th buri		_	CONDIT	(c)	C TO DELTH DI	IT ALOT DELATE	TO THE TENNER	DISCOURT OF CO.	Marian augu	111 0100 1/ 1			
s certificate should e, writing the word forworded to the Ch used as a burial-tra emoval, and in any		PART 2 OTHER SIGNIF CAN	COMDITI	OUZ COMIKIRILIN	G TO DEATH BE	JI NUI KELAIE	O TO THE TERMINAL	DISEASE OR CO	INDITION GIVEN	IN PART I(e)			
is certific te, writin forword for used or removal,	NO I	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION							20 AUTOP	SY?			
This create, v be for for rem	CERTIFICAT				WAS PERFO	RMED?						YES 🗔	NO 🗆
Thica find to be let to or		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBE	TIME F	216 TIME OF IN HOUR A.M.	IJURY Month, Di	αγ, Yeor	21c HOW INJURY	OCCURRED (Ente	er noture of nju	iry in Port 1 o	r Port 2, I	tem (8)	
INER: 1 e certific should b files 3 should iotion, ou	MEDICAL	CAUSE OF DEATH		PM PM	3-27-	19 69	Fell at						
	¥	21d NURY OCCURRED		ACE OF INJURY (At pry, office building,	home, form, s	treet,	21f LOCAT ON Stre		C+t	y or Iown		County	Stote
DEPUTY DICAL EXAMINER: seesary, please execute the certifie funeral director. Page 4 should may be retained for your files FUNERAL DIRECTOR: Page 3 should pror to begol, cremothan,		WHILE HOT WHILE AT WORK		home			same as						
ICAL ED to secure for year for		22o I certify t		_					Inspection		dnith [		my opinion
bicase experience of director.  Director.  Director.		death resulted fr	om:	Natural cause	S L, Ac	ciden 🔀,	Suicide [],	Homicide		letermined	monner		
pleo dr.		ACTUAL	14	1	4	1		HIEF MEDICAL E			22b. DATE	CICNED	
EPUTY ssary, funeral oy be oy be on be		SIGNATURE	7/1	m (	(,,	and the same	- m D	SSISTANT MED (	EXAMINER X			-31-69	
necessary, the funer 5 may be 7 FUNERA		EXAMINER'S NAME (Type)	LKO	hoe MD	River	alch			city, town, or co	*			
TO DEPUTY necessary, the funero 5 may be 70 FUNERA	230	BURIAL, CREMATION	23b. D	ATE			Y OR CREMATORY		22d OCATIO	N (Cty, or To)	wn)	Minas G	State)
	Bu	BURIAL (REMATION REMOVAL (Spec fy)	4-1	8-1969					Brazi	L Sou	th An	minas G	erals,
	24	FUNERAL DIRECTOR				ADDRESS		_	BY REGISTRAR	25b RE	GISTRAR S	SIGNATURE	
VR A15ME (5) 10M REV 1/68	Jo	seph Gawler'	s So	ns,5130	lis.Ave	, NW, Wa	sh,D.C.	DATAPR	( 18	68	Clas	Con Marie	) T.o.
				20	<del>0016, U</del>	SA							



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0101
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04314
HEALTH DEPT.  □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□		ECEASED NAME First Middle 1 20 DATE KNOWN Month Type or Print) Takis George Dimopoulls DEATH MATED X 3	Doy Yeor 2b Hours
deloy and striment	3. 5	EX 4 RACE S. DATE OF BIRTH 29 May 1886 6 AGE (In years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 20 DATE PRONOUNCED DEAD 10st birthday, 82 Months DATS HOURS M.N Month 3 Day 14	Yeor 69 2d HOUR 2EOO am M
form (form) te Depote	7o.	BIRTHPLACE (Stole or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH   174) C-RZECZE	Md.
offer deoth  8. Give Poges olong with for with the Stote		THE COST PROOF KEADER	26 KIND OF BUSINESS OR  NDUSTRY  NEWS PAPER
e olong 2 with th	13o 0	USUAL RES DENCE (Where deceosed lived, furstruction Residence before 13c. CITY OR TOWN dmission) STATE N.Y. 13V COUNTY Queens NYC YES NO 3769 93rd St.	
24 hours jar theim 1 ris office	14 E	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  CHORGE DIMOPOULLUS UNKNOWN	Eost
i w thin 24 n pencil ja Examiner's File poges		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es. 90, or unknown)  (if yes give war or doles of service)  (b) SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADDRESS  (F) YES give war or doles of service)	ERLY, MO.
INER: This certificate should be executed within 24 hours after death executions, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's affice along with form files.  3 should be used as a buriof-transit permit. File pages Hand 2 with the State De cation, or removal, and in any event within 72 hours, after death.		IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Heart failure	APPRÖXIMATE INTERVAL  BETWEEN ONSET AND DEATH  FILTI
d be ex d "penc Chief M ransit p		Conditions, itemy, which gove to immediate couse (o).  DUE TO, OR AS A CONSEQUENCE OF  Arteriosclerotic heart disease	Yrs.
This certificate should be ecate, writing the word "perbe forwarded to the Chief I be used as a buriol-transit or removal, and in any ever		stoting the underlying cause   DUE TO, OR AS A CONSEQUENCE OF   (c)	
ifficate ifing thanked arded i arded i	NC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate : ficate, writing the be forwarded to d be used as o b or removal, and	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20 AUTOPSY?  YES NO X
MINER: This the certificate, 4 should be for files.  a 3 should be to mation, or ren	DICAL	2 o EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 121b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	em 1B)
XAM the the ge 4 your bage crem	*	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  2 f. LOCATION Street or R.F.D. No.  City or Town	County Stale
CAL exe for. P ed fo CTOR		22a. I certify that I taak charge of the remains described above, held an Autopsy	
ry bleose rationed at Direct		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE:	
DEPU cessa e fun moy l FUNEI		EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAM.NER ADDRESS(Street, city, town, or county)	<b>-</b> 69
TO S He			(County) (Stote)
VR A15ME [5] 10M REV 1/68	le j	FUNERAL DIRECTOR / ADDRESS 250. REG BY REG STRAR 250. REGISTRARS 5 WASHINGTON, D.C. DATMAF. 20 1969 Colony	Co Judge



1		01000		MAKTLAN	D STATE DEPART	MENT OF HEAD	LIH			no.
	I	temo riingull	1/2/69 k	VITAL RECORDS, ik	301 W. PRESTON S CERTIFICATE OI	TREET, BALTIMO	RE, MARYLAND 212	)} {	0431	5
	1 05	CEASED NAME First		Middle	Last	DLAIN	DATE OF DEATH			2b HOUR
		vne or print)					Manth	Day	Year	
1	3. SE	Geo	rge 4. RACE	Ε.	Disti S. DATE OF		March	24,	1969 INDER I YEAR	5:57FM
	3. 3E			1.			6 AGE (In year last birthday) 7 81 82	MONI		HOURS MIN
	7. 0	Male		ite		1 21, 188	Annual Control of the	YRS.		
	coun	BIRTHPLACE (State or foreign itry)	76 CITIZEN OF W	MAI COUNTRY?	8 MARRIED   NEVER M	AKKIEU []	DUNTY OF DEATH			
		Later Co. N.Y.	USA	ALLER OF TOPONY IN PORTS		ORCED	Prince Geo	rge 's		Md
		ITY OR TOWN OF DEATH	dive	street oddress)	STITUTION (If not in hospital	during most of	CUPATION (Kind of work if f working life, even if retir		25 KIND OF BUINDUSTRY	JSINESS OR
Ĺ		everly USUA. RESIDENCE (Where deceo	Pri	nce George	's Gen. Hos	Isal INSIDE CTY LIMITS?	TI3e STREET AND NUMBE	Th.		
9	admi	ssian) STATE	13b. COUNTY			VECTT NO				
,	-	MD THEORY NAME OF THE	Prince		Hyattsville		5716 Sheri		treet.	
	14, 1:	ATHER'S NAME First	Middle	Lost	15 MOTHERS	MAIDEN NAME First	M. do	N6		Last
		Charles Ed.		116b SOCIAL SECURITY	NO 17 INFORMANT	Cecelia		eck		
		WAS DECEASED EVER IN U.S. ARI es, no, or unknown)   (If yes give i	war or dates of service)	Chile 09 h	NO IT INFORMANI	TO THE 1 B	Landorer	577	lid.	
	=			1 7 3 32	94 A Accert	E. Distir	7102 Allis	on Tt	APPROXIMA	LTE INTERVAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per l อ RY	line far (a), (b), and (c)	1/ 1/	2. +		-	BETWEEN ONS	
		IMMED.	ATE CAUSE (o)		Carrier C	Organ	- 12		5/11	comple
		of the Yell		AS A CONSEQUENCE OF	m. C.	·Un de	rat .		10	to
		Conditions, if ghy, which gave rise to immediate cause (a),	/ {b}	(Arive	Myseary	e sija	W		100	miles
		stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF	Hot lo	THE STATE OF THE S			10	122 -
		iast	(c)(	KNEWOW	serone IV	au acina	630		109	auro
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART I(a)			
	NO	AND DAYS OF OPEN PROPERTY.	COURSED FOR	Charles and a second	BERRHEA I ST. 111	E Dario	Inc. Tues were Pain	NOC CONC.	Denen III den	TIFUM A
,	CERTIFICATION	190, DATE OF OPERATION 196	CONDITION FOR W	HICH OPERATION WAS PE			20b IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIL	DERED IN CER	HIFFING
	ERTIF	AND ASSESSMENT OF A SECOND ASSESSMENT OF A SE	MA Tank and		YES [					
		21g ACCIDENT WAS UNDERLY!			21c HOW INJURY (	CUURRED (Enter nate	ure of injury in Port 1 or Pr	ort 2, Item	18 }	
	MEDICAL	(If either, natify medical exam	iner) P.M.	1	9					
	2	21d. INJURY OCCURRED 21e While Not while	. PEACE OF INJURY	AT HOME FARM, STREET FA DEFICE BUILDING, ETC.	CTORY.) 21f. LOCATION St.	reet or R.F.D. No.	City or Town	Co	ουπτγ	State
		at work at work								
		22a. I <b>certify</b> that (I) (II) saw the deceased of	nis hospital) at	tended the deceas	ed from /5 7	N. 1965	, to 27 /100	., 19_6	7, that (	l) (we) las
		saw the deceased (	e.(I) (we).(did	(did not) view the	مرکب , and that in ( bady after death	my) ( <del>our)-</del> opiniar	i death accurred on th	ie aate a	ina naur ar	ad from the
		22b SIGNATURE	-1 (-) () (uiu					22c. DATE	S, GNED	10
		1 hora	nen C	19 Marion	DEGREE PHYS	DING MED D RECT	OR STAFF	25	may 6	7
		22d. PHYSICIAN'S		· Crown	1 1115	DDRESS	1713			/
		515 55 G 27 3	as G. Me	loney, M.I	).					
	23 o.	BUDIA, CREMATION 235	DATE		CEMETERY OR CREMATORY	230	d LOCATION (City or Town	) ((	County)	(State)
		DEMONTH (C 4 )	8/1969	I Do John	n's Ceretary		ms Co. New C		" "	a.
	24.	FUNERAL DIRECTOR	The second	ADDRESS	2	I SCH DEC D BY DE		TRAR S SIGN		٧.
	Γ	red I. Fisci	977/	Coff Sifer	i ra.	DATE 2 8	, 1000		0 0	
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*		MARYLAND STATE DEPARTMENT OF HEALTH	
- FOD CTATE	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14317
FOR STATE			a u lat pionin
HEALTH DEPT.	U (1	CEEASED-NAME First Middle Lost 2a DATE KNOWN Month OF ESTI-	The second secon
to to		Herman W Dixon DEATH MATED Lyt 3-8-	
elg and	3 \$1		2d HOUR
ony delay is 2, and 3 to PM3. Poge		Tale   White   6-6-03   65 YRS   3 8	69 192:55pm M
n, 2	7a   coun	RIRTHPLACE (Stote or foreign 76 CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
for the [		N J DSA WINDOWED Prince George's	Mo
Pag History Asia	10. 0		12b KIND OF BUSINESS OR ND LISTRY LUTOMOBILES
the dw	<u> </u>	Riverdale Leland Hospital Parts clerk I	utomobiles
s offer 18 Gin atong	130	USUAL RESIDENCE (Where deceased hyed, if institution; Residence before 13c CITY OR TOWN 13d MSIGE CITY LIMITS? 13e STREET AND NUMBER	
7 de 2		Maryland Howard Laurel YES NO 400 N. Wash. B	
24 hours ofter death is 50 fixe along with form is 1 gad 2 with the State Ders ofter death.	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  Dona	Lost
2 9 5 8 8		John Dixon	
thin 24 hours offer death ony delay mind in Item 18 Give Pages 1, 2, and 3 minders Office along with form PM3. Popages 1 and 2 with the State Department hours offer death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS ps no, grunknown) (if yes give war or dates of service) 578 10 0380 Julia Juixon Laurel, Mo	
with year xan xan xan 72			APPROXIMATE INTERVAL
ed al E		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: Hoart failure	BETWEEN ONSET AND DEATH
erul erm wrt		IMMEDIATE CAUSE (a) 11801 C 1811 C	minutes
ex ent ent		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
l be l'hier rans		rise to (mmediate cause (a), (b)	
ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she yer of the burning of the burnin		lost. (c)	
orc		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tific ord d o	종	19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
orw orw	3	WAS PERFORMED?	YES NO St
MINER: This certificate should be executed within 24 hours ofter death the certificate, writing the word "pending" in pencil in them 18 Give Page 4 should be forwarded to the Chief Medical Examiper's Office along with a files e used as a buriol-transit permit File pages 1 and 2 with the Store 3 should be used as a buriol-transit permit File pages 1 and 2 with the Store in an in any event within 72 hours ofter death	CERTIFICAT ON	21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	
rrith ould n, o	15	PR MARY □ OR CONTRIBUTING □	
bical Examiner: se execute the cert setor Page 4 snoulc ned for your files tECTOR: Page 3 shou burial, cremation,	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (Ar home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
the the series		WHILE NOT WHILE factory, office building, etc.)	·
L EXA. (ecute Page for you IR: Page		220.   certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion
AL exe exe d fo		death resulted from Natural causes [X]. Ascident [], Suicide [], Hamicide []. Undetermined monner [	
ose ecto inequined REC		CHIEF MEDICAL EXAMINER	
pleose I directive retoine retoine or to be to b		ACTUAL 22h DATES	IGNED
Pring pring		SIGNATURE MD ASSISTANT MATERIAL CAPACITIES OF 2 C	2-69
D DEPUTY DICA NECESSORY, please e: the funeral director S may be refained D FUNERAL DIRECTOR Health prior to but		EARMINER'S	
TO DEPUTY DICAL EXAMINER: This certificate should be executed with necessory, please execute the certificate, writing the word "pending" in per the funeral director. Page 4 should be forwarded to the Chief Medical Example may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit file Health prior to burial, cremation, or removal, and in any event within 72.	230	TO THE TRUIT OF THE TOTAL OF TH	(County) (State)
F F		REMOVAL (Specify)	Geo Md.
	24	FILMERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25th REG STRAKE S	
VR A15ME [5]		F. dasch's Sons Hyattsville, Md. MAR 1 3 1969 france	00



1		ND STATE DEPARTMENT OF 5, 301 W. PRESTON STREET, BAI		1
04326	DIVISION OF THAT RECORDS	CERTIFICATE OF DEATH		04318
1. DECEASED NAME (Type or print) Bry	an L.	lost Downey	20. DATE OF DEATH	26 65° 6 10°
3 SEX Male	4 RACE Caucasian	S. DATE OF BIRTH 1-7-17	6. AGE (In years last birthday)	IF LINGER 1 YEAR HE UNDER 24 HRS
7a. 8IRTHPLACE (State or foreign country) Virginia	7b. CITIZEN OF WHAT COUNTRY?  U. S. A.	8 MARRIEDXX NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	
10 CITY OR YOWN OF DEATH Riverdale	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in haspital 120. US	Prince Georg UAL OCCUPATION (Kind of work do mast of work ng life, even if retire Cable Splicer	one 12b. KIND OF RUSINESS OR
	eased lived, if institution Residence before	13c CITY OR FOWN 13d. MISIDE CITY	CLIM TS7 130 STREET AND NUMBER NO 6700 Fair	
14 FATHER'S NAME First	Middle Lost	15. MOTHER 5 MAIDEN NAME		
George			lla	Milstead
16a WAS DECEASED EVER IN U.S. / Yes, no, or unknown) (If yes gi	IRMED FORCES?  We war or dates of service)  TATT  16b SOCIAL SECURITY  577-05-8		Addres Vney - above &	
18. CAUSE OF DEATH (Enter	anly ane cause per ne for (a), (b), and (c		(Wife)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY DIATE CAUSE (a) 6-35+-11	testional Ble	eding	I y hours
	DUE TO, OR AS A CONSEQUENCE O		′	
Conditions of only, which gon use to immediate couse (a	). (b)	is of Liver		
stating the underlying caus	DUE TO, OR AS A CONSEQUENCE O	ř		
PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA. DISEASE OF	RCONDITION GIVEN IN PART I(a)	
20				
19a. DATE OF OPERAT ON	b. CONDITION FOR WHICH OPERATION WAS P		CAMERS OF DEATER	GS CONSIDERED IN CERTIFYING
19a. DATE OF OPERAT ON 1	VINC OIL TIME OF HE HOW	YES NO S	Q	
	EATH HOUR A.M. Month Day Yea	I ZIC HOW INJURY OCCURRED (Ent	ter nature of injury in Part 7 or Part	1 2, Hem 18.)
Active Mor Miller	miner) P.M.  1e. PLACE OF INJURY ( AT HOME, FARM, STREET, FOFFICE BUILDING ETC.	19 ACTORY.) 21f. LOCATION Street or R.F.D M	la City or Fown	County State
22a. I certify that (I) (	this hospital) attended the deceo-	sed from Jep 19.	6x to 6 md 6 6 printed on the	1948, that (1) (we) la
couses stoted obc	ve <sub>s</sub> (I) (we) (dia) (did not) view the	body ofter death.		
The same of the	4/10:	M. DEGREE PHYS	MED CYAFF	22c. Date signed 5-27-69
22d PHYSICIAN'S NAME (Type)	/ succus	22e. ADDRESS	dover Bd. Hys	
23a. BURIAL, CREMATION 23 REM <b>POLITICAL</b> 3	) DATE   23c NAME OF   Ft. L	CEMETERY OR CREMATORY	23d LOCATION (CHY or Town) Colmar Manc	(Cambu) (State)
	ley's Funeralopres		REGISTRAR 4	AR S SIGNATURE



	01000	DIVISION OF VITAL RECORDS			RE, MARYLAND 21201	04320
	04328		CERTIFICATE			
		Edward Middle M	REA	Dreslin 20	DATE OF DEATH Month	93 69 8 AM
3. \$	EX	4 RACE		OF BIRTH	6. AGE (In years last birthday)	IF LNDER I YEAR HE JNDER 24 HRS. MONTHS DAYS HOURS MIN
_	Male	White	A	oril 7-188		
70. rau	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVE	K MAKKIEU	OUNTY OF DEATH	
L.	ra.	USA	WIDOWED	DIVORCED P	rince Georg	
10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR III gave street oddrass).	ISTITUTION (if not in has	pital 12a USUAL OCI	CUPATION (Kind of work done	12b KIND OF BUSINESS OR 1NDUSTRY
	Lanham	Magnolia	Gardens N		working life, even if retired ME Brick	Layer Ret
adn	nission) STATE Md.	red treed, if institution. Residence before 13b. COUNTY Pr. Geo.	Suitland	AEZ NO 1	13e STREET AND NUMBER 4020-Brook	s Dr., SE
14	FATHER'S NAME First	Middle Last	S. MOTHE	R'S MAIDEN NAME First	Middle	Lost
L	Daniel			Margaret		Dillon
160	i. WAS DECEASED EVER IN J.S. ARM Yes, na, or unknawn)   (1 yes give w	MED FORCES? 16b. SOCIAL SECURITY var or dates of service)			Address	SE
-				. Fakie-D	aughter-402	O Brooks Dr
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and (c	).) _	10		BETWEEN ONSET AND DEATH
	IMMEDI/	ATE CAUSE (a) <u>Card</u>	coc.	Jacken	عرب الم	munitos
	Conditions, if any, which gove )	DUE TO, OR AS A CONSEQUENCE OF	1			110
	rise to immediate cause (a), {	(0)	0 0			years
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
	-	(c)	INT DELATED TO THE TE	DESINAL DISEASE OF COMPUT	BION CIVEN IN DADT 1/c)	
	MAKE Z. OTHER SIGNIFICANT CON	TO LOUIS CONTRIBUTING TO DEATH BUT I	2	KANNAL D SEASE OF COUNT	NUN DIFER IN PAKE I(0)	
TION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	FREORMED 200	. AUTOPSY?	20b IF YES WERE FINDINGS	CONSIDERED IN CERTIFYING
CERTIFICATION	The state of the s	The state of the s		ES NO NO	CAUSES OF DEATH?	Annual of Chill IIIO
	210. ACCIDENT WAS UNDERLYIN				re of injury in Port 1 or Port 2	2, Item 18)
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Day Year		1=		
MED	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, F.)  OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION	Street or R.F.D. No	City or Town	County State
	While Nat while at work	OFFICE BUILDING, ETC.	/	/	2	.,
		is hospital) attended the deceas	sed from 4/	(1) 19_68	, to 3 /23 .1	9 6 %, that (1) (we) last
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	causes stated abave	e, (I) (we) (did) (did not) view the	body/atter/death.			
	22b SIGNATURE	adalmo	KLANDE AT	TENDING MED.	DR STAFF	to DATE SIGNED
	22d. PHYSICIAN-S	acres of		e ADDRESS DIRECTO	DR LI PHYS LI	100/
	NAME (Type)	A DENOR	E. MI) 3	345 HAMIC	TON ST HY	atoville Md
230	BURIAL, CREMATION 23b	DATE 230 NAME OF	CEMETERY OR CREMAT	11	I. LOCATION (C ty or Town)	(County) (State)
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MAKTLAND STATE DEPARTMENT OF HEALTH



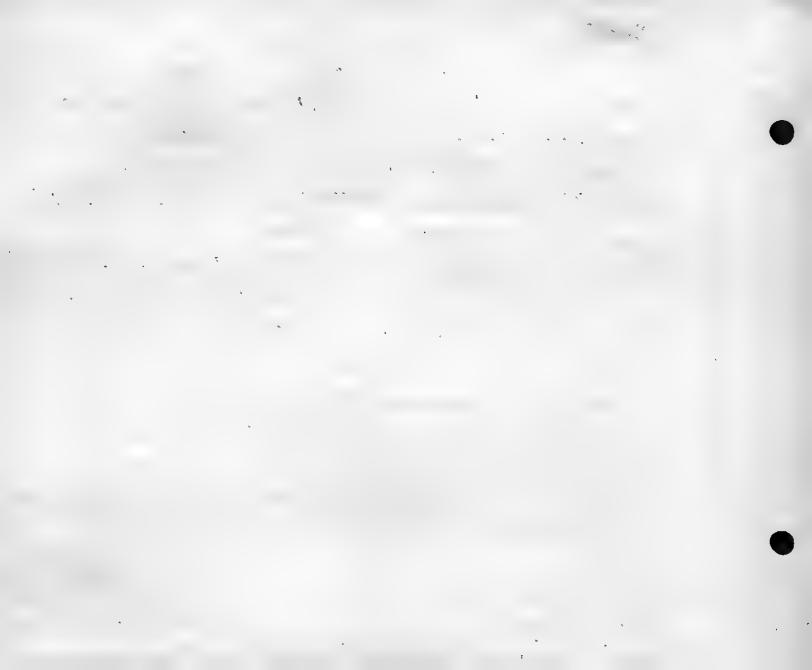
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04321 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH\_DEPT. 1. DECEASED NAME first Middle Lost 2a DATE KNOWN (Type or Print) ESTI-Berry Durham DEATH MATED IX 1969 Iny delay 1 2, and 3 t 6 AGE (In years 3 SEX 4. RACE IF UNDER 24 HRS S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR lant by thiday) Year 69 M 30 Nov. 1888 PM3 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Prince George (ountry) USA WIDOWED [7] DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital hours after death 16 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired)
Retired maintance INDUSTRY Cheverly Prince George Mfg Co be forwarded to the Chief Medical Examiner's Office along deoth. 130 USUAL RES DENCE (Where deceased lived, f institut on Residence before 13c CITY OR TOWN 13d. UNSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY rince George Edmonston 4801 49th Ave. YES IC NO lond2 after 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME M.ddle Goodwin James II Durham Georgiana hours pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** be executed within (Yes, no, ar unknown) 22 3251 Mary L Durham Edmonston, Md APPROXIMATE INTERVA. event within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH Heart failure PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Arteriosc?erotic hear disease 5 yrs. Conditions, if any, which gove rise to immediate cause (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 90 removal, 19a, DATE OF OPERATION 20 AUTOPSY? 196. COND T ON FOR WHICH OPERATION WAS PERFORMED? YES 🗀 NO 3 ö 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A M. cremotian, ICAL EXAMINER: CAUSE OF DEATH 21d INJRY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County State factory, affice building, etc.) WHILE NOT WHILE O Inspection . and in my opinion Inquiry death resulted from: Natural courses ly . Acefdent A Suicide Homicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral O DEPUTY 3-29-69 DEPUTY MED CAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 276 DATE 23d LOCATION (City or Town) (County) (State) REMOVA. (Speufy)
Burial Ft Lincoln Cemetery April 2, 1969 Colmar Manor Pro Geo Md. 24 FUNERAL DIRECTOR 25a. REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE F. Gassh's Sons Hyattaville, Md. DAAPR VR A15ME (5) 10M PEV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04322 04330 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH · COUNTY Prince George's o STATMaryland b combrince George's law requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Murite RURAL and give aggrest town) 1 vear Takoma Park d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Villa Rosa Nursing Home 7333 New Hampshire Ave. NO 126 NAME OF First Middle 4 DATE Last Month Dov Year DECEASED (Type or print) ŌF 19 69 Ada Dver DEATH 9 AGE (In years IF JNDER 24 HRS SEX 6 COLOR OR RACE DATE OF BIRTH IF JNDER 1 YEAR 7. MARRIED NEVER MARRIED Slest birthdoy) Months. White 6-22-1879 Hours Female WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life execut retired) INDUSTRY Washington D.C. 14 MOTHER'S MAIDEN NAME burial, crematian, or remayal, Knoth Goodrich IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) ROSA 578-14-323LA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. NTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stoting the underlying couse as the prior to b PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS has r this cert frate has detached far use ite Dept. af Health p PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg , etc ) of work 21 | certify that (I) (this haspital) attended the deceased from 3-7-68 19 47, that (I) (we) last to 3 - 6 19 6 and that death occurred of 30AM, fram causes and on the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR MD 22d ADDRESS 22r. PHYSICIAN'S NAME (Type) 8715 FIRST QUINTBUNG 230 BUR AL, CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote) Washington 186 REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR VR A15 (4)





1		MARYLAND STATE DEPARTMENT OF HEALTH	
		04334 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04326
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	i, p		Day Yeor 2b HOUR
		Type or Print)	
3 to Page	2 .	Edward Eugene Ermer DEATH MATED 3-17	
delay ind 3 i3, Pa	3. 5	TAREL S DATE OF BIRTH	2d HOUR
ny delay 2, and 3 PM3, Pog	. A	Vale White 9-25-1925 43 YRS MONTHS DAY 3 17	69"192:15am M
		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
- 5 -	10.01	MY OHIO U.S. AMERICA WIDOWED DIVORCED IN Prince George's	M
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# - 1	120	Cheverly Prince George Hospital DRIVER/SALESMAN' USUA, RESIDENCE (Where deceased lived, if institution Residence before 130 CITY OR TOWN 38 INSIDE CITY JM 157 13e STREET AND NUMBER	BAKED GOODS
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hours after the old of the old	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
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hin 24 nul in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT  (es, no. or unknown)   (If yes give was or dotes of service)   172   22   174	ST,
ith in in ith	- {/	YES WORLD WART 579-22-5244 JOHN A. ERMER SARMODY HILL	
be executed with perioding" in perioding in periodical Exon ansit permit. File event within 72		No. of the second secon	APPROX MATE INTERVAL
This file		18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ding eding wj		IMMEDIATE (AUSE (0) Gun shot wound of brain	-
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rold rard ne Ch		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed with neward "pending" in pera the Chief Medical Exonorial transit permit. File in any event within 72		lost. (c)	}
This certificate should be executed within 24 hours icate, writing the ward "pending" in pencil in Iterative farwarded to the Chief Medical Examiner's Office. It is a burial transit permit. File pages I and arremaval, and in any event within 72 hours after a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficate ing th rded t as a as a I, and		(4,	
is certificate : te, writing the farwarded ta e used as a b remaval, and	CERTIFICATION	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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4	3	216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 2, the PRIMARY OCCURRED (Enter noture of injury in Port or Port 2, the PRIMARY OCCURRED (Enter noture of injury in Port or Port 2, the	m (8)
INER: ne certification of files 3 shauld a shaul	MEDICAL	cause of Death 1:30am 3-17- 19 69   Shot self at home	
A September 1995	*	21d INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, got one of the control of the	County State
XAMINER: the the certification of the certification		white not white at work at work home same as #13	
ICAL EXAMINER: This e execute the certificate, ctar Page 4 should be famed far yaur files ECTOR: Page 3 shauld be uburial, crematian, ar ren		22a   certify that I taak charge of the remains described above, held on Autopsy [X], Inspect on [X], Inquiry	, and in my apınıar
ICAL EXECUTE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG		death resulted from Natural causes . Adulent . Suicide X, Hamicide . Undetermined manner	7 Ond in any apinion
please I director retained I DIREC			
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y, please y, please retain AL DIRE		SIGNATURE	
EPUTY DIC Ssary, please e funeral director by be retained NERAL DIRECT th, prior to bu		EXAMINEKS / /	-17-69
		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town or county)	
0 = + ~ 0 ±	230	BURIA. (REMATION.) 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
	IF	SCHOVAL SPECIFUL MAR 20, 1969 ARLINGTON NAT. CEM. ARLINGTON ARL	Co. VIRGINIA
	24.	FUNERAL DIRECTOR ADDRESS 1250 REC D BY REG STRAR 1250 REGISTRARS S	IGNATURE
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	1	tem6 FilmGh10 3047510N-07-71AL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	04327
. 8.	1 0	PECEASED-NAME First Middle Lost 20. DATE OF DEATH	
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2 20 2	3. 5	Melmit F ERVIN MARCH 2	0 69 1.55 M
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	'	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death g attending sermit. Li		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congesting Heart Fulling	2 deceps
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AN: Nor I or cate ar Leaf	100		Item 18.)
af figure af fig	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Year  (If either, notify medical examiner) P.M. 19	
HYS has s ce sche sept.	×	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
OR ATTENDING PHYSICIA be retained by the haspital DIRECTOR: After this certifica je 3 should be detached fa ed with the State Dept. af H		at wark at wark	11
be be Stat		22a. I certify that (I) (this hospital) attended the deceased from Yuku 6, 19 69, to Julius 19, 19 saw the deceased alive alive 19 19 9, and that in (my) (our) apinian death accurred on the deceased alive 19 (19) (19) (19) (19) (19) (19) (19) (	69, that (I) (we) last
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TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR, After director, page 3 should be a should be filed with the State	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
Pag Pag dire sho		REMOVAL (Specify Burial 3-23-69 Darlington City Cemetery Darlington, S.	, C.
	24.	FUNERAL DIRECTOR Rhines Co. Funeral Homes 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
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